

Name
in
Full

CERTIFICATE OF DEATH

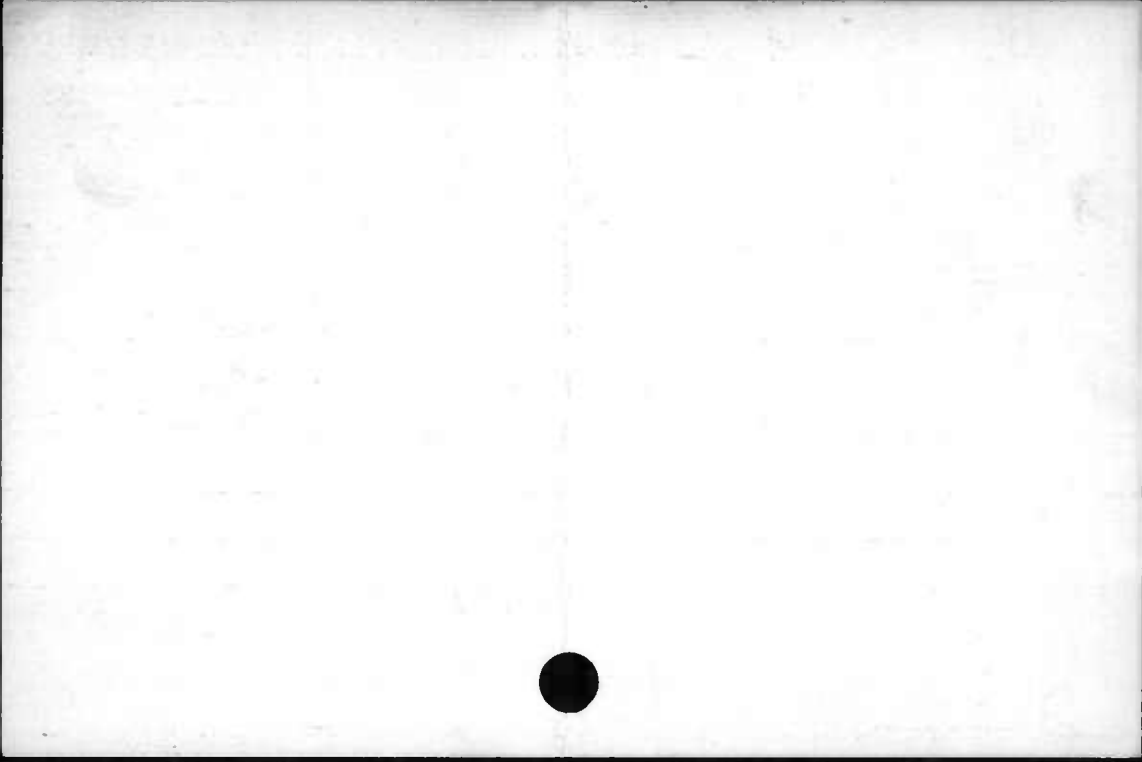
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|-----------------------------|--|-----------------------|--|
| Name in Full <u>W. F. Allen.</u> | | Town <u>Sto</u> | | County _____ | | State <u>MARYLAND</u> | |
| Died at <u>Anacostia</u> | | Date of death <u>1905</u> | | Age <u>17²</u> | | Months <u>14</u> | |
| Sex <u>Male</u> | | Color or Race <u>White</u> | | Birthplace <u>Anacostia</u> | | | |
| Occupation <u>None</u> | | Where Residing If not at place of death <u>Anacostia</u> | | | | | |
| Married, Single <u>Single</u> | | Name of Wife or Husband _____ | | | | | |
| Father's Name <u>Will Allen</u> | | Father's Birthplace <u>Ind</u> | | | | | |
| Mother's Maiden Name <u>Unknown</u> | | Mother's Birthplace _____ | | | | | |
| Name of person giving information <u>Father W. Allen.</u> | | How related to deceased _____ | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Unknown</u> | How long <u>17²</u> |
| Immediate _____ | How long <u>Spinal</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>James W. [unclear]</u> |
| | Address <u>Permit issued by</u> |
| <u>Accident or Suicide?</u> <u>(Bluelon)</u> | <u>md. Dr J L Waring</u> |



Name
In
Full

Grafton Beall

CERTIFICATE OF DEATH

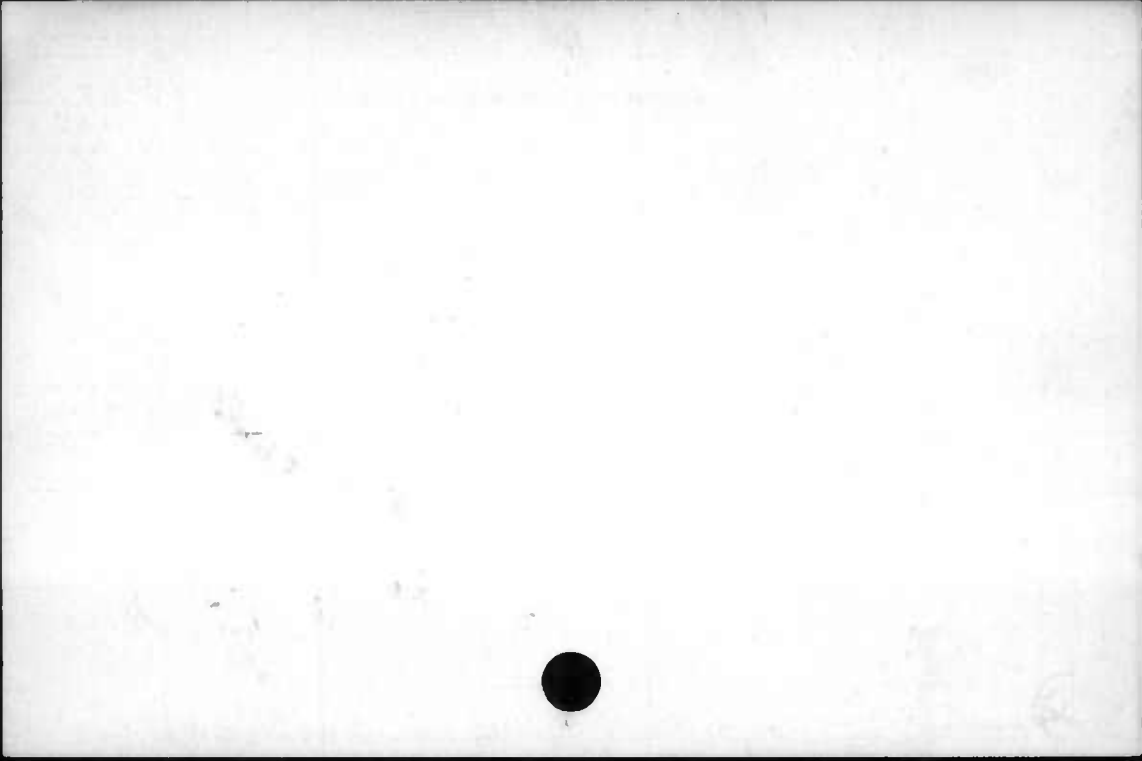
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|------------------------------|-----------|--|-------------|-----------|--|
| Died at | | Town Laurel | | County Prince Geo. | | MARYLAND | |
| Date of death | | Month Jan | Day 10 | Age 67 | Months 4 | Days 7 | |
| Sex male | | Color or Race white | | Birth-place Md | | | |
| Occupation Laborer | | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed widowed | | Name of Wife or Husband — | | | | | |
| Father's Name Andrew Beall | | | | Father's Birthplace Md | | | |
| Mother's Maiden Name Mary Redgely | | | | Mother's Birthplace Md | | | |
| Name of person giving information Arthur Beall | | | | How related to deceased Son | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-----------------------------|--|----------|
| Primary | Emphysema from tuberculosis | How long | — |
| Immediate | Asthma | How long | Ten days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician W. F. Taylor | |
| yes | | Address Laurel Md | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Spring P. Beall*
Pitchie ^{Town} *P. L.* CountyDate of death *1905* Month *1* Day *16* Age *34* Years Months *—* Days *—*Sex *Male* Color or Race *White* Birth-place *Md*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single *married* Name of Wife *Sarah J. Beall*
~~or Widowed~~ *husband*Father's Name *Richard H. Beall* Father's Birthplace *Md*Mother's Maiden Name *Martha A. Bean* Mother's Birthplace *Md*Name of person giving information *Sarah J. Beall* How related to deceased *wife.*

CAUSES OF DEATH

Primary *Natural Causes* How long *Sudden*Immediate *Heart trouble* How long *death.*Are the name, age, sex, color, date and place correctly given above? *yes,*

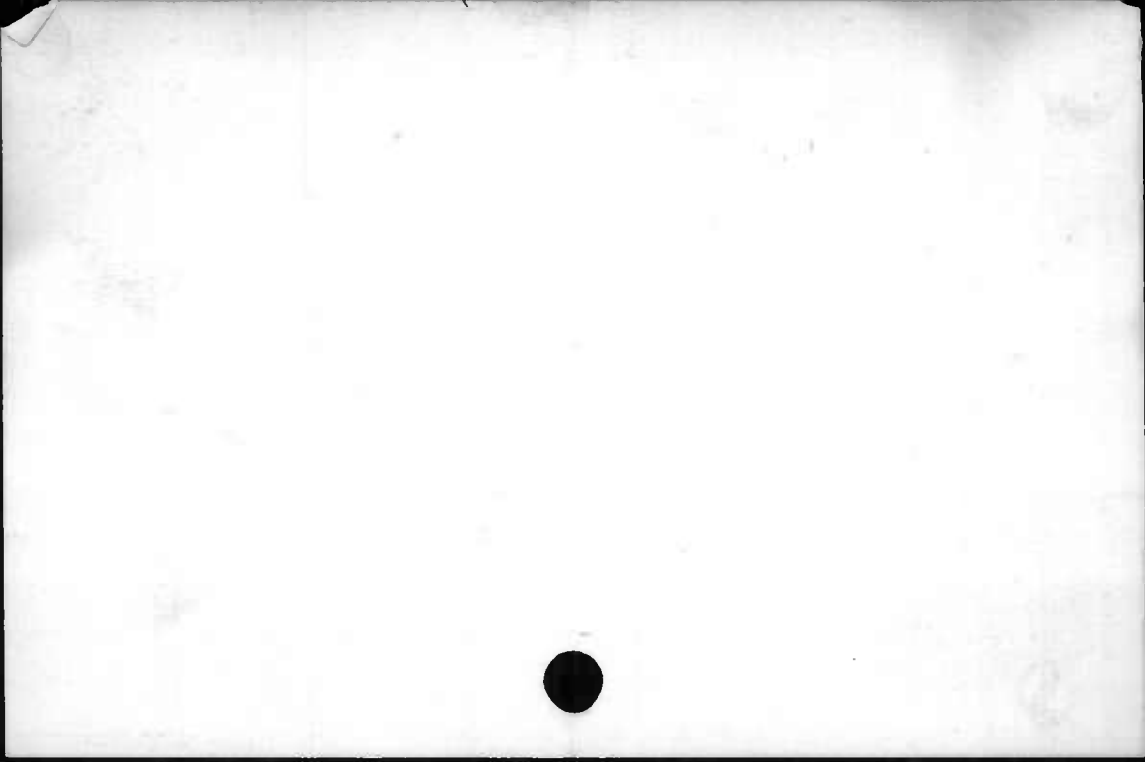
Signature of Physician

Address

John E. Boushury
Forestville
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ida Berry

CERTIFICATE OF DEATH

MARYLAND

Died at *Croom* Town*P & G* County

Date

of death *1905*

Month

Jan

Day

26

Age

Years

9 days

Months

Days

9

Sex

*Female*Color or
Race*Colored*Birth-
place*md*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Washington Berry*Father's
Birthplace*Aquasco*Mother's
Maiden Name*Rebecca Dunagan*Mother's
Birthplace*Aquasco*Name of person giving
In formation*John Diggs*How related
to deceased*None*

CAUSES OF DEATH

Primary

Unknown

How long

3 days

Immediate

Had no Physician

How long

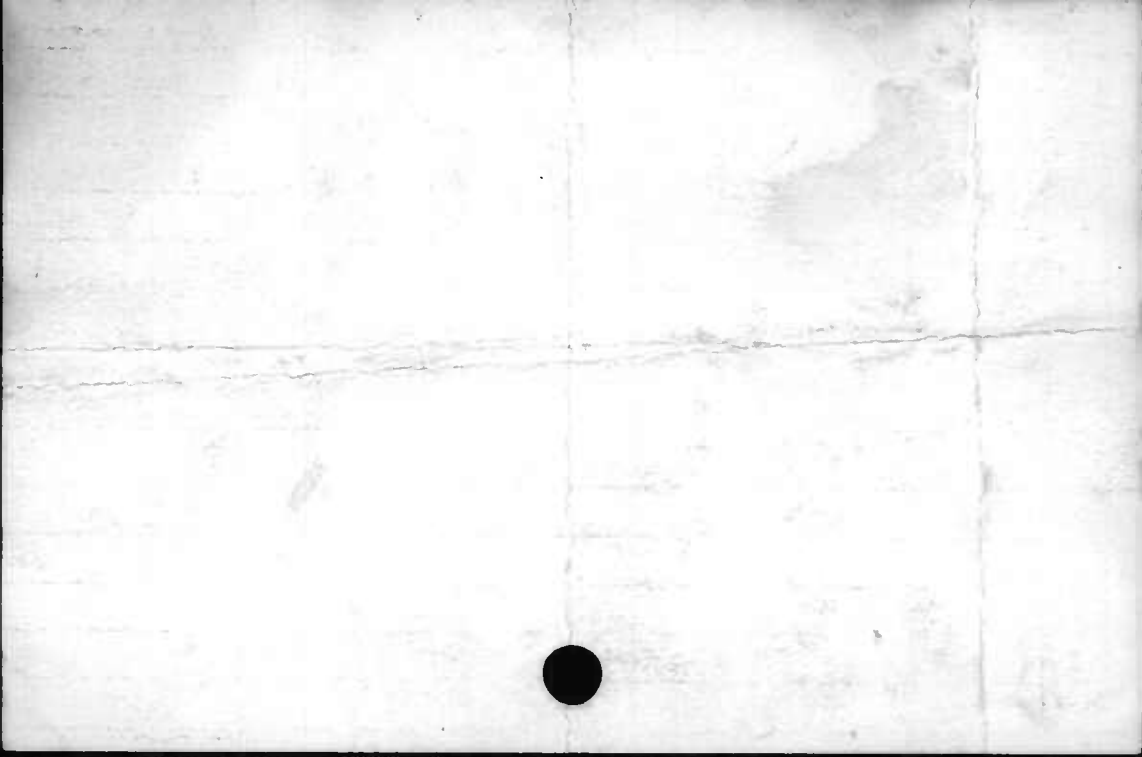
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*W. H. Gibbons**Croom md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles H Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Merrim*

Town

Prince Geo.

County

Date

of death

1906

Month

Jan

Day

15

Age

Years

Months

5

Days

Sex

*male*Color or
Race*black*Birth-
place*Ind*

Occupation

*seaman*Where Residing if not
at place of death*—*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Thomas Brown*Father's
Birthplace*Ind*Mother's
Maiden Name*Mari Briggs*Mother's
Birthplace*Ind*Name of person giving
In formation*John W Brown*How related
to deceased*uncle*

CAUSES OF DEATH

Primary

not determined

How long

79 3 days

Immediate

not determined

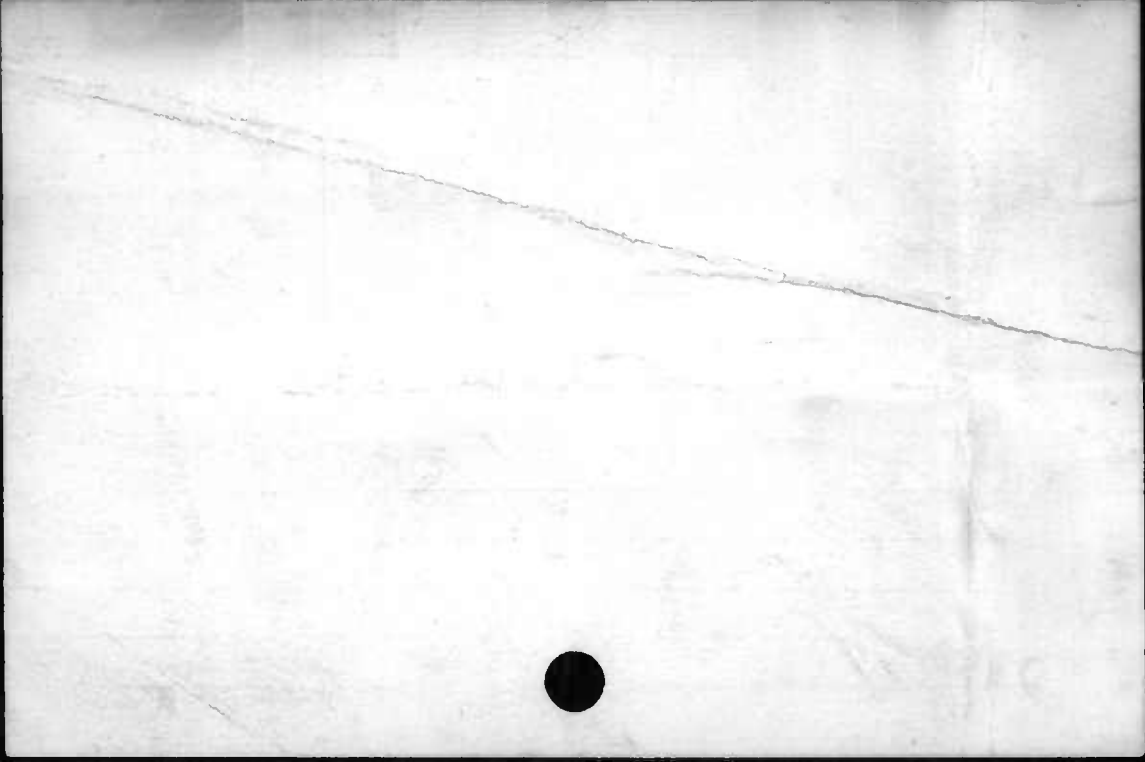
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. F. Taylor*

Address

Laurel

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *House of Reformation
Chesapeake*

County

P.L.

Date

of death *1905*

Month

Jan

Day

29

Years

Age

19

Months

Days

Sex

*Male*Color or
Race*Yellow*Birth-
place

Occupation

*Inmate*Where Residing if not
at place of death*House Reformation*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John H. Brown*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*John B. Pyles Supt*How related
to deceased*None*

CAUSES OF DEATH

Primary

Phthisis

How long

5 years

Immediate

Asthma

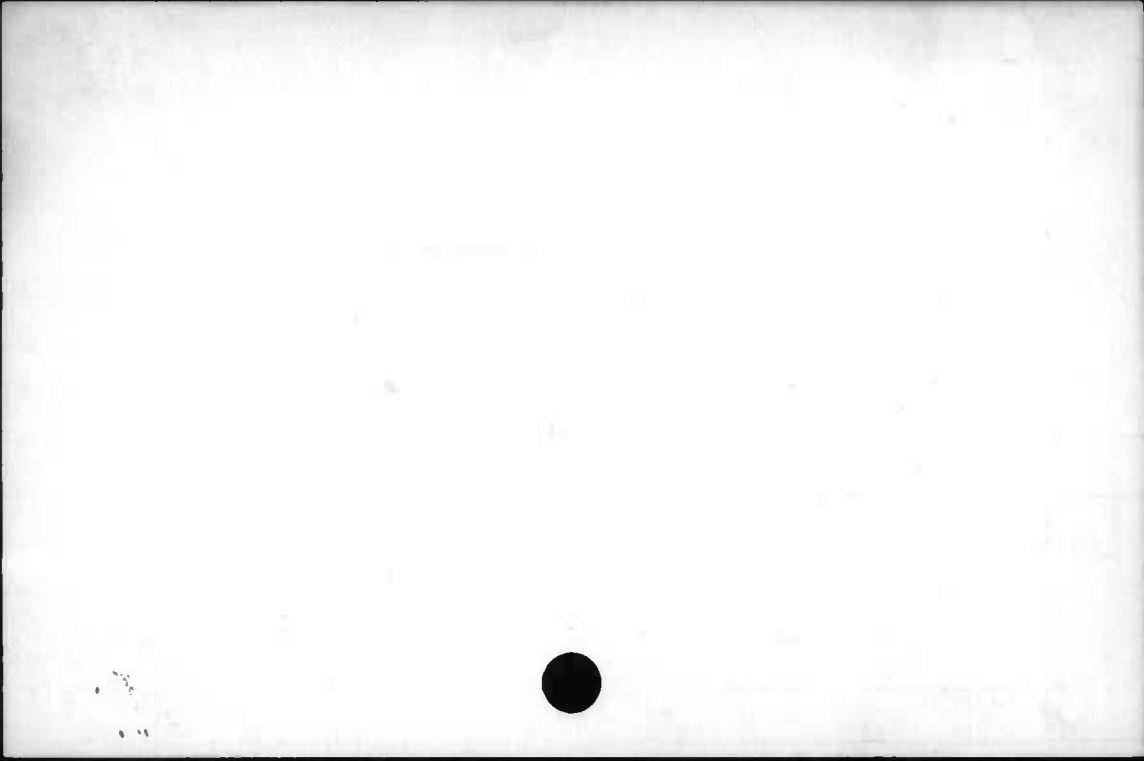
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. H. Gibbons*

Address

Croom Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|------------------------------------|--|-----------------------------|--|---------------|--|
| Name <i>Sarah Smith Caspell</i> | | Town <i>Marbath</i> | | County <i>Prince George</i> | | MARYLAND | |
| Died <i>Marbath</i> | | Month <i>27</i> | | Day <i>27</i> | | Age <i>67</i> | |
| Date of death 190 <i>5</i> | | Month | | Year | | Months | |
| Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>England</i> | | Days | |
| Married, Single or Widowed <i>Widowed</i> | | Occupation | | | | | |
| Name of Wife or Husband | | | | | | | |
| Father's Name <i>Benjamin Smith</i> | | Father's Birthplace <i>England</i> | | | | | |
| Mother's Maiden Name <i>Charlotte Emley</i> | | Mother's Birthplace <i>England</i> | | | | | |
| Name of person giving information <i>Joseph Caspell</i> | | How related to deceased <i>Son</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Infirmities of age</i> | How long <i>64</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. D. Hurtt</i> |
| | Address <i>Piscataway-Md.</i> |
| Accident or Suicide? | |



Name
in
Full

William Culver

CERTIFICATE OF DEATH

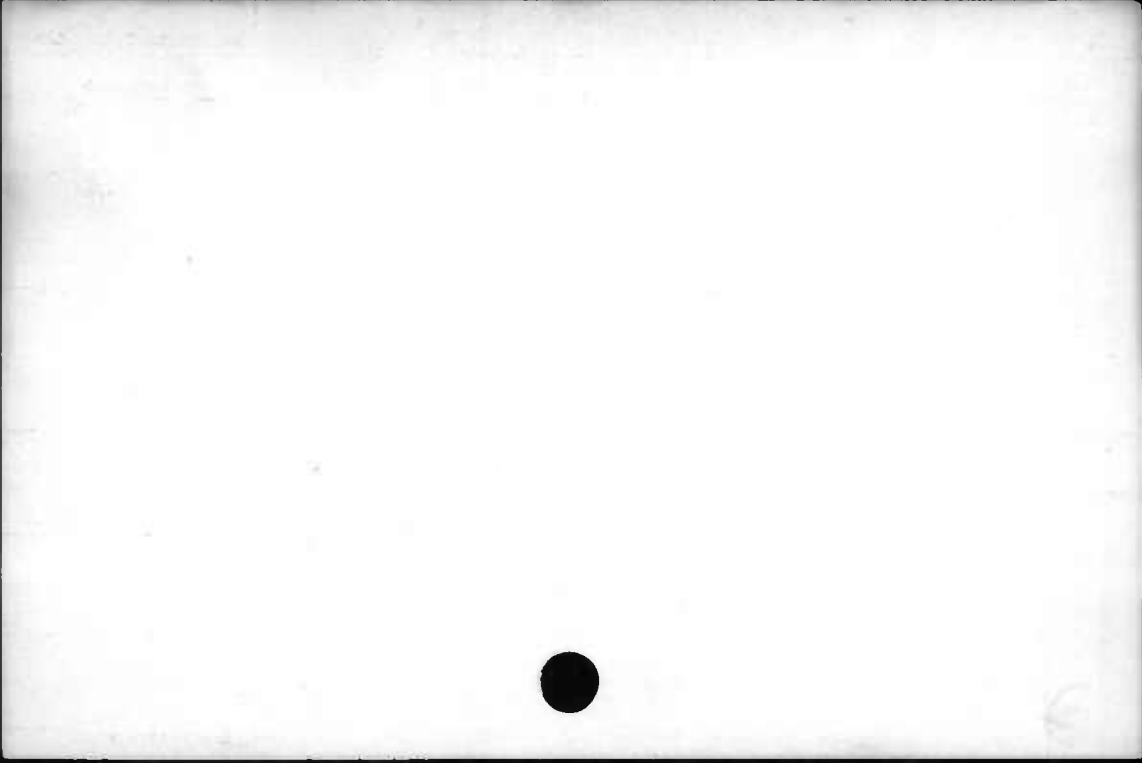
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------------------------------|-------------------|-------------------------|---|-----------|-------------------------|-----------------|
| Died at | | Town <i>Bowie</i> | | County <i>Prince George</i> | | STATE <i>MARYLAND</i> | |
| Date of death | 1905 | Month | <i>January</i> | Day | <i>26</i> | Age | <i>63</i> |
| Sex | <i>male</i> | | Color or Race | <i>Colored</i> | | Birthplace | <i>Maryland</i> |
| Occupation | <i>Farmer & Blacksmith</i> | | | Where Residing if not at place of death | | <i>Bowie</i> | |
| Married, Single or Widowed | <i>married</i> | | Name of Wife or Husband | <i>Matha Brooks</i> | | | |
| Father's Name | <i>Vach Culver</i> | | | | | Father's Birthplace | <i>Maryland</i> |
| Mother's Maiden Name | <i>Ann Diggs</i> | | | | | Mother's Birthplace | <i>Maryland</i> |
| Name of person giving information | <i>Julia Culver</i> | | | | | How related to deceased | <i>Daughter</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------|----------|-----------------|
| Primary | <i>Pulmonary Consumption</i> | How long | <i>6 months</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | | |
| Signature of Physician | <i>Nelson A. Ryan M.D.</i> | | |
| Address | <i>Bowie</i> | | |
| Accident or Suicide? | <i>no</i> | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John R. Douglas* Town *Woodville* County *P. Hays*

Died at *Woodville* *P. Hays*

Date of death 190 *5* Month *1* Day *5* Age *53* Months Days

Sex *Male* Color or Race *Colored* Birth-place

Married, Single or Widowed *Widower* Occupation *Labourer*

Name of Wife or Husband *Margaret Douglas*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Geo Berry* How related to deceased *27*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *One year*

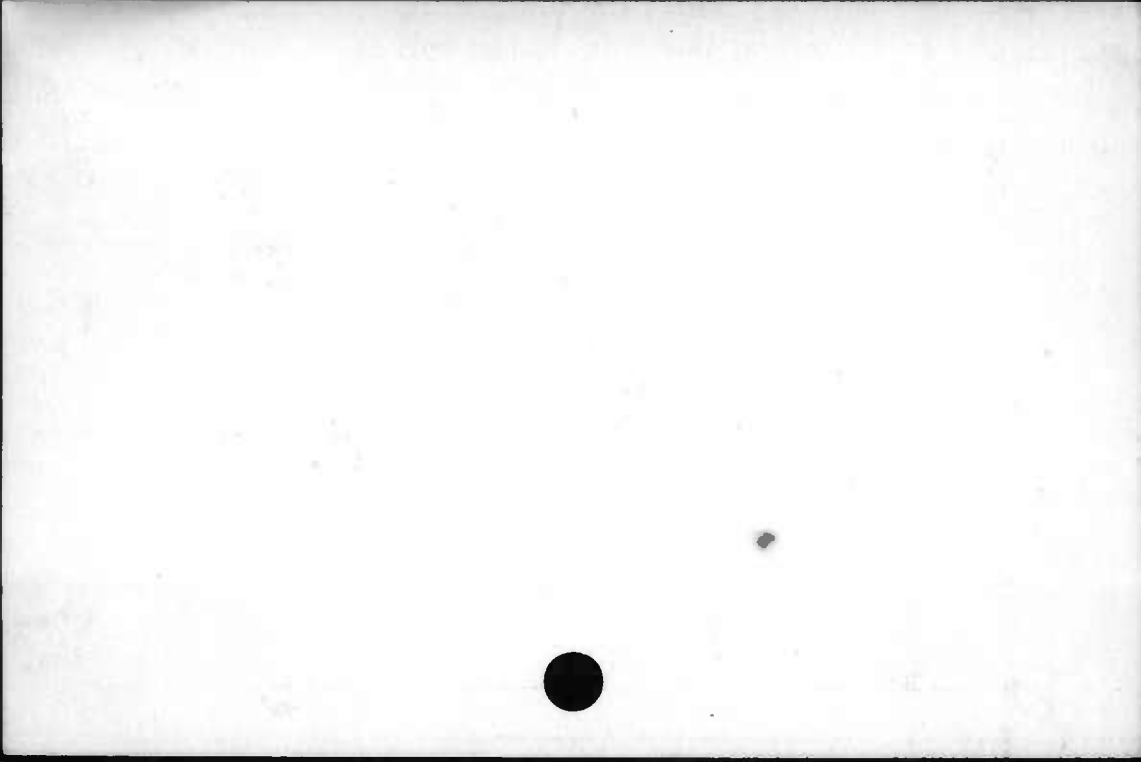
Immediate *Same* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. W. T. Brown*

Address *Aguasca Ford*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Forestville* *P. O.* County

Date of death *1905* Month *1* Day *30* Age *2* Years Months *2* Days

Sex *Male* Color or Race *White* Birth-place *Virginia*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *J. R. Davis* Father's Birthplace *Virginia*

Mother's Maiden Name *Bertha A. Smith* Mother's Birthplace *Virginia*

Name of person giving information *J. R. Davis* How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia* *93* How long *11 days*

Immediate *Menigitis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *John E. Sanderson*

Address *Forestville*

Accident or Suicide? *Accident* *Md.*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

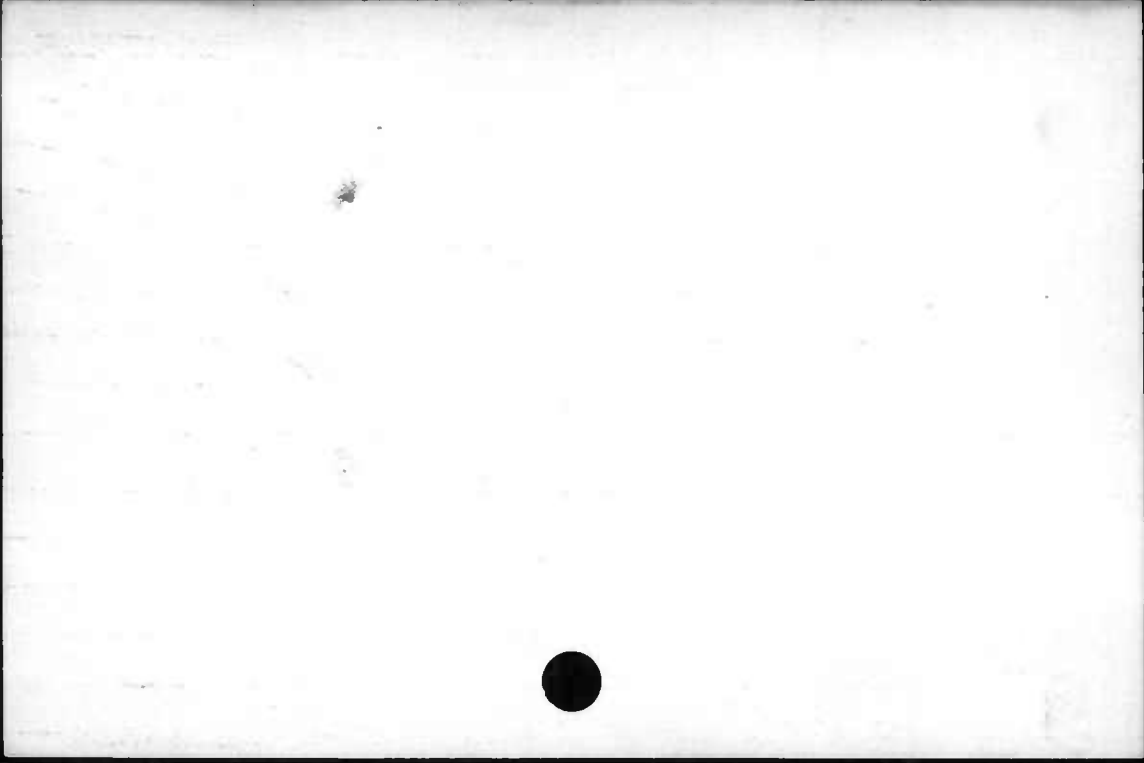
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---------------------------------|--|--|--|-----------------|--|
| Name in Full James R. Duckett, | | Town T.B. | | County Prince Georges | | MARYLAND | |
| Died at T.B. | | Month 1 | | Day 7 | | Age 6 | |
| Date of death 1905 | | Month 1 | | Day 7 | | Age 6 | |
| Sex male | | Color or Race Colored | | Birth place T.B. Md | | | |
| Occupation | | | | Where Residing If not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name Ernest Duckett, | | | | Father's Birthplace Chesapeake | | | |
| Mother's Maiden Name Frances Pinkney - | | | | Mother's Birthplace T.B. Md | | | |
| Name of person giving information Ernest Duckett | | | | How related to deceased father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary Cold from birth | | How long 9 | |
| Immediate Croup | | How long 1 day | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Coroner, William H. Squires, Jr. | |
| | | Address Brandywine, Md | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---|--|----------------------------|--|-----------------------|--|
| Name in Full <i>Jos. Anthony Fluhres</i> | | | | County <i>Pr Geo</i> | | State <i>MARYLAND</i> | |
| Died at <i>Hyattsville</i> | | Town | | Age <i>78</i> | | Months <i>1</i> | |
| Date of death <i>1905</i> | | Month <i>1</i> | | Day <i>14</i> | | Years <i>3</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Germany</i> | | | |
| Occupation <i>Milkman</i> | | Where Residing if not at place of death <i>Home</i> | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Anna</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving information <i>R. F. Dambach</i> | | How related to deceased <i>None</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-------------------------|--|---------------|
| Primary | <i>General Debility</i> | How long | <i>1 year</i> |
| Immediate | <i>Cardiac failure</i> | How long | <i>1 year</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Wm. R. Bates</i> | |
| | | Address <i>Hyattsville Md</i> | |
| Accident or Suicide? <i>Neither</i> | | | |



Name

in
Full

Nancy Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chalk Point farm ^{County} Prince GeoDate of death 1905 ^{Month} Jan. ^{Day} 20 ^{Years} Age 35-40 ^{Months} ^{Days}Sex Female ^{Color or Race} Mulatto ^{Birth-place} MarylandOccupation Housewife ^{Where Residing if not at place of death} At homeMarried, ~~Single~~ ^{or Widowed} ^{Name of ~~Widow~~ Husband} Thomas FowlerFather's Name Thomas Carter ^{Father's Birthplace} MarylandMother's Maiden Name Ellen Glasgow ^{Mother's Birthplace} MarylandName of person giving Information Henry Delaney ^{How related to deceased} none

CAUSES OF DEATH

Primary Pneumonia & Miscarriage ^{How long} 12 daysImmediate Adynamia & Asthenia ^{How long} 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

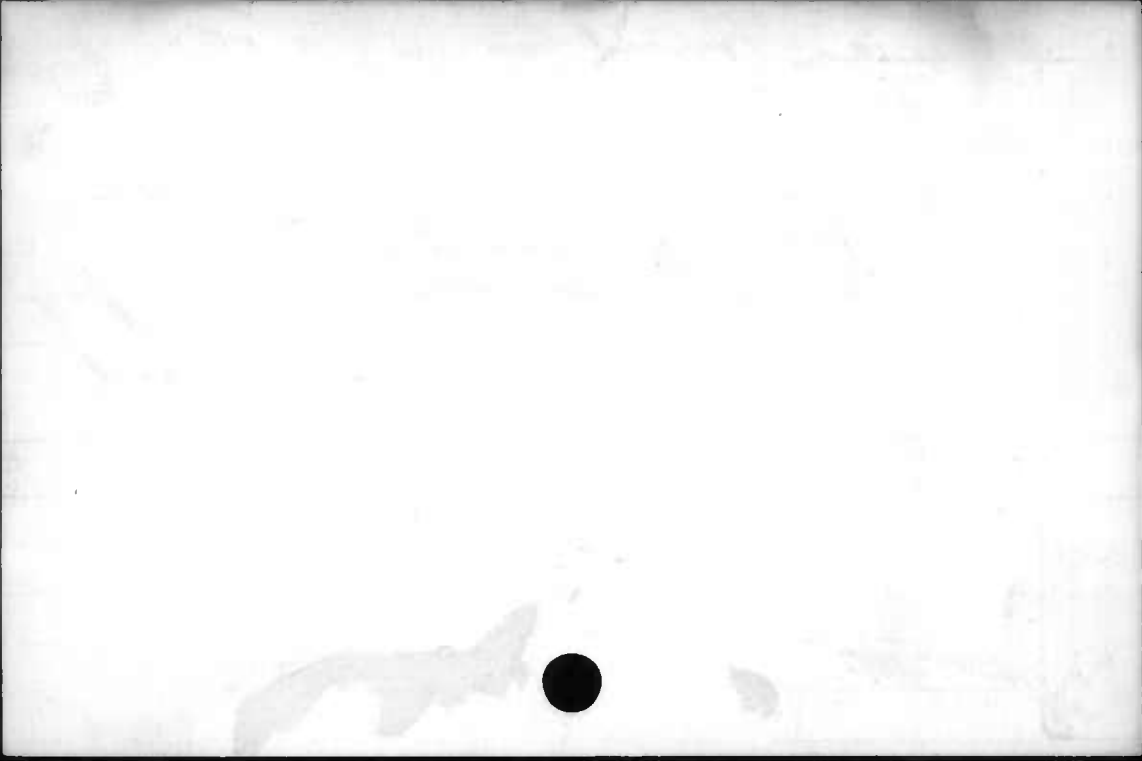
Signature of Physician Jm A Marbury M.D.

Address Aquasco

Maryland

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Adelaide Frankline* Town *Murkirk* County *An. Geo.*

Died at *Murkirk* Maryland

Date of death 1905 Jan. 12th Age 25^{Years} Months Days

Sex *Female* Color or Race *Black* Birth-place *Mid*

Married, Single or Widowed *Married* Occupation *H.G.W.*

Name of Wife or Husband *Philip Frankline*

Father's Name *Frank Hall* Father's Birthplace *Mid*

Mother's Maiden Name *Adeline Hall* Mother's Birthplace *Mid*

Name of person giving information *Resue Lancaster* How related to deceased *None.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *3 Mo -*

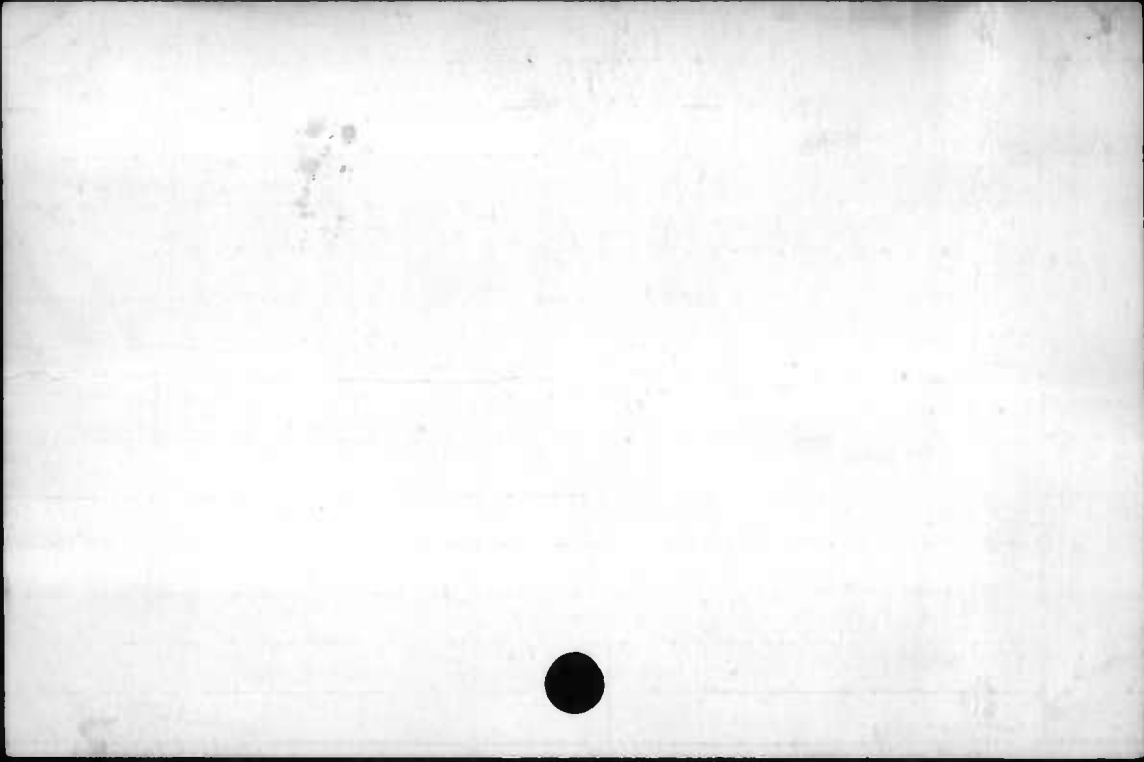
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

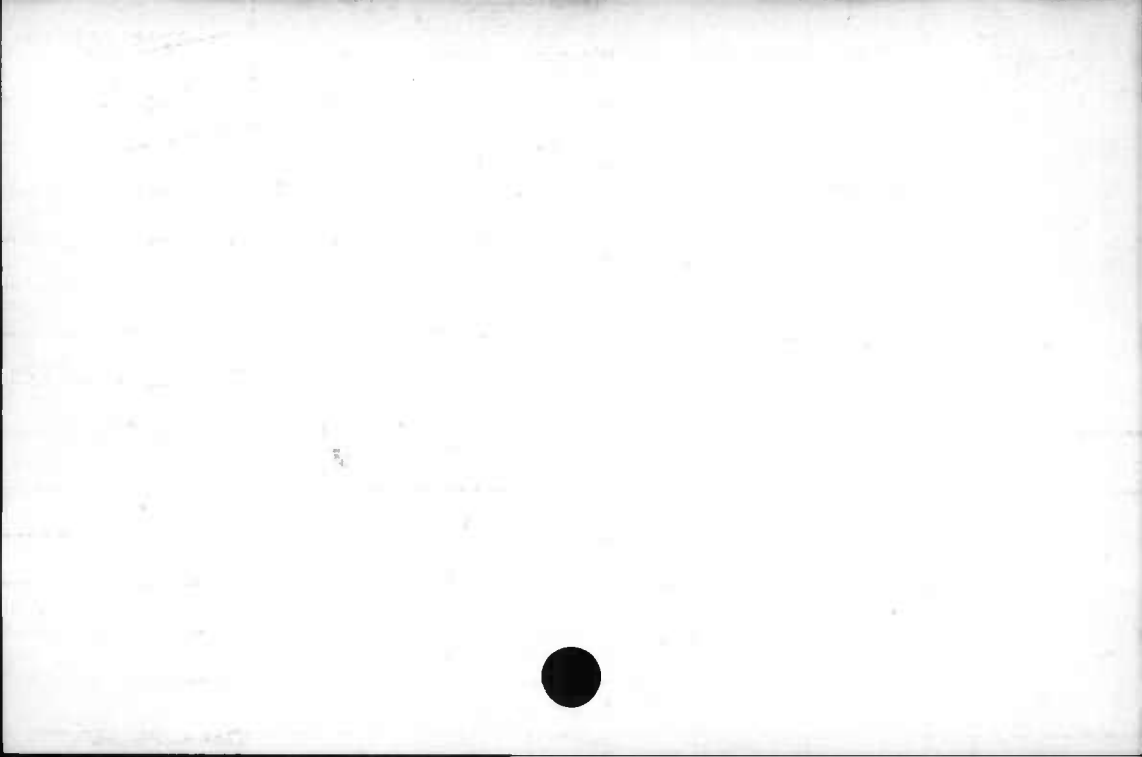
Signature of Physician *J. R. H. H.*

Address *Laurel Md*

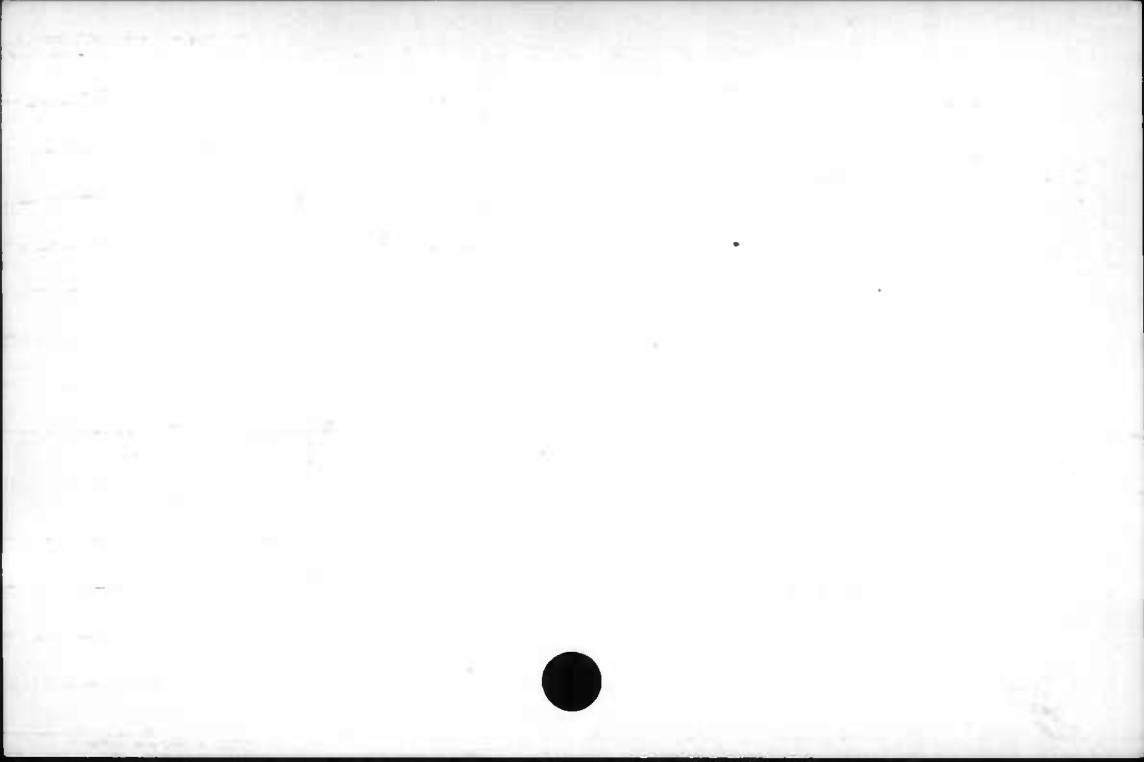
Accident or Suicide?



| | | | | | | | |
|----------------------------------|--|---------------------|--------|---|----------------------|----------------------|-----------------------|
| Name in Full | | Still Born Infant | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died near Piscataway | | Town | | County Prince George | | STATE MARYLAND |
| | Date of death 1905 | Month 1 | Day 16 | Age | Years | Months | Days |
| | Sex Male | Color or Race White | | Birthplace Pr. Geo. Co. Md. | | | |
| | Occupation | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | | Name of Wife or Husband | | | |
| PHYSICIAN OR CORONER | Father's Name John Henry Gallahan | | | Father's Birthplace Pr. Geo. Co. Md. | | | |
| | Mother's Maiden Name Julia Teresa Brandt | | | Mother's Birthplace Pr. Geo. Co. Md. | | | |
| | Name of person giving information John Henry Gallahan | | | How related to deceased Father | | | |
| | CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | How long | | | |
| | Immediate | | | How long | | | |
| | Are the name, age, sex, color, date and place correctly given above? Yes | | | Signature of Physician E. D. Lott, M.D. | | | |
| | | | | Address Piscataway, Md. | | | |
| Accident or Suicide? | | | | | | | LIBRARY BUREAU 486619 |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|--|-------------------|----------------------|---|--------------------------|-----------------|
| Halbert Garner. | | Town Cedarville. | | County Prince Georges | |
| Died at | | MARYLAND | | | |
| Date of death | 1905 | Month | 1 | Day | 14 |
| Age | 4 | Years | 4 | Months | |
| Sex | Male | Color or Race | White | Birth place | Cedarville Md. |
| Occupation | | | Where Residing if not at place of death | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | P. J. Garner. | | | Father's Birthplace | Chas. Co. " |
| Mother's Maiden Name | Mary J. Gothen. | | | Mother's Birthplace | Prince Georges |
| Name of person giving information | Halbert D. Baden. | | | How related to deceased | Uncle. |
| CAUSES OF DEATH | | | | | |
| Primary | Scarlet-Fever | | | How long | 2 or 3 days |
| Immediate | | | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | yes | | | Signature of Physician | John A. Cor MD. |
| | | | | Address | Z.B. |
| | | | | | Md |
| Accident or Suicide? | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

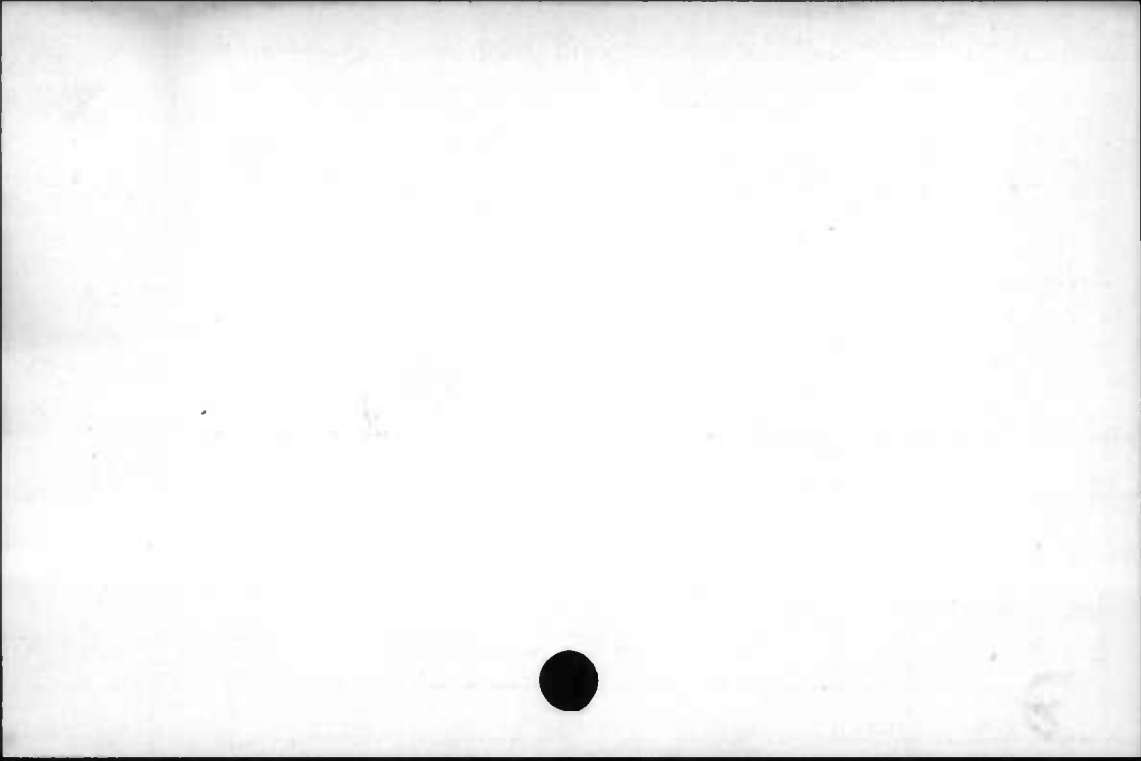
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|----------------------------|------------------------------------|-----------------------------------|-----------------|----------------|
| Died <i>Mar 1st 1905</i> | | County <i>Prince George</i> | | MARYLAND | |
| Date of death 190 <i>5</i> | Month <i>1</i> | Day <i>2</i> | Age <i>60</i> | Months <i>3</i> | Days <i>22</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth place <i>Ft. Lee Co Md.</i> | | |
| Married, Single or Widowed <i>Married</i> | | Occupation <i>Laborer</i> | | | |
| Name of Wife or Husband <i>Elizabeth Grimes</i> | | | | | |
| Father's Name <i>Jeremiah A. Grimes</i> | | Father's Birthplace <i>Md.</i> | | | |
| Mother's Maiden Name <i>Elizabeth Garrett</i> | | Mother's Birthplace <i>Md.</i> | | | |
| Name of person giving information <i>Geo. F. Grimes</i> | | How related to deceased <i>Son</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Numeric Poison</i> | How long <i>4 days</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>E. N. Lust</i> |
| | Address <i>Piscataway Md</i> |
| Accident or Suicide? | |



| | | | |
|---|--|--|--|
| Name in Full <i>Laura Ann Hall</i> | | CERTIFICATE OF DEATH | |
| Died at Town <i>Berwyn</i> | | County <i>Prince George</i> | |
| Date of death <i>1904</i> ^{5th} ^{Month} <i>January</i> ^{8th} ^{Day} | | Age <i>61</i> ^{Years} <i>10</i> ^{Months} <i>10</i> ^{Days} | |
| Sex <i>Female</i> | | Color or Race <i>white</i> | |
| Occupation <i>Housewife</i> | | Birth-place <i>Beltville Md.</i> | |
| Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband <i>William W. Hall</i> | |
| Father's Name <i>Benjamin Hall</i> | | Father's Birthplace <i>P. Geo. County</i> | |
| Mother's Maiden Name <i>Ann J. Aldrich</i> | | Mother's Birthplace <i>Montgomery Co.</i> | |
| Name of person giving information <i>William W. Hall</i> | | How related to deceased <i>Husband</i> | |
| CAUSES OF DEATH | | | |
| Primary <i>Chronic Nephritis</i> | | How long <i>Several years</i> | |
| Immediate <i>Mitral Insufficiency</i> | | How long <i>36 hours</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>A. D. Etienne, Md.</i> | |
| | | Address <i>Berwyn. Md.</i> | |
| Accident or Suicide? | | | |

10/10/10

+

72

:

1/2



Raymon Hall

Town

County

Died at *near Cong Heights Wheeler Road P.H.C.* MARYLAND

| | | | | | | | | |
|-------------------|------------------|------------------|---------------------|---------------------------|------------|------------|----------------------|--------------------|
| Date <i>1905</i> | Month <i>1</i> | Day <i>30</i> | Age <i>7 months</i> | Y. <i></i> | M. <i></i> | D. <i></i> | Native of <i>Ind</i> | Occupation <i></i> |
| Male | White | Mixed | Widow | Divorced | | | | |
| Female | Colored | Single | Widower | Number of children living | | | | |

Husband of

Wife

Father's

Name

Henson Hall

Mother's

Name

Lucie Hall

Cause of

Primary

Lagnissee Corp. Pneumonia

How long sick

Death

Immediate

Heart Failure & Congestion

Accident, Suicide, Homicide

Reported by

J. S. Mendenhall M.D.

Address

Anacostia

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Ed Edward Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Suitland^{County} Prince George

MARYLAND

Date of death 1905

Month 1

Day 12

Age

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name

Edward Hanson

Father's
Birthplace

Md.

Mother's
Maiden Name

Ella Butler

Mother's
Birthplace

Md.

Name of person giving
In formation

Edward Hanson

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Still Born

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date
and place correctly given above?

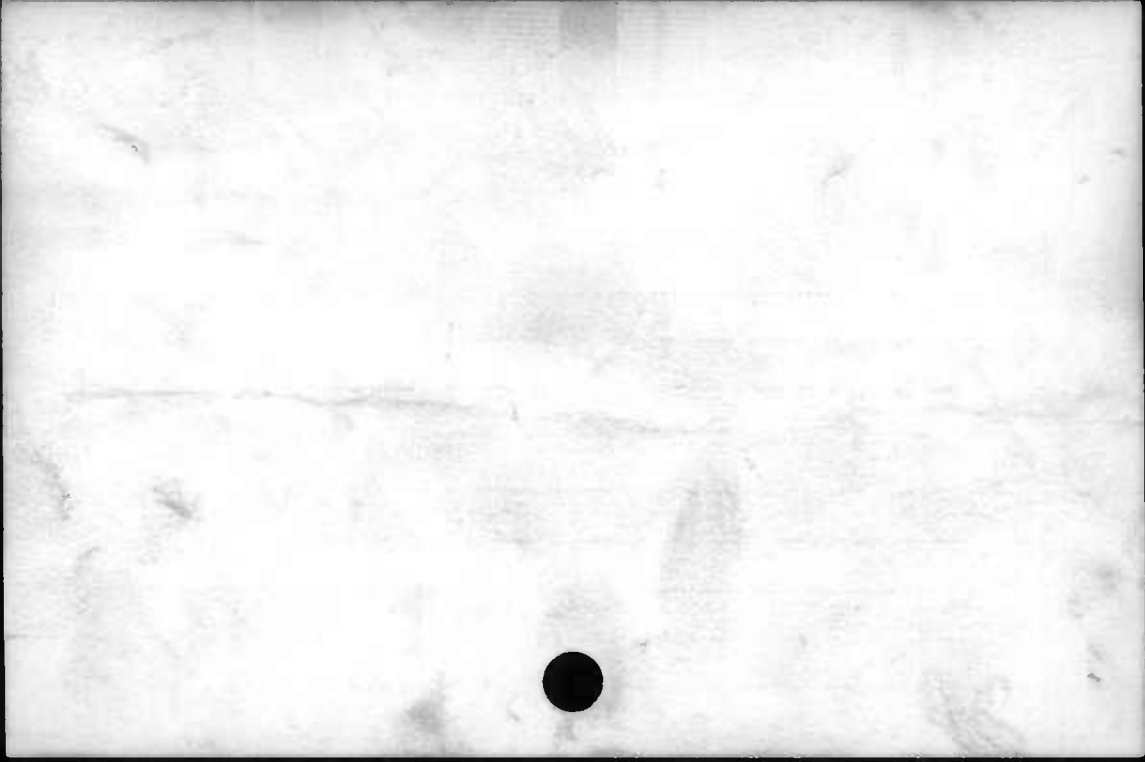
yes -

Signature of
Physician

Address

John E. Sansbury,
Forestville,
Md.

Accident or Suicide?



Name in Full

Certificate of Death

Aimee Hopkins Hill

Town

County

Died at Upper Marlboro Prince Georges Co.

MARYLAND

Date 1905 Jan 3rd Month Day Y. M. D. Native of U. S. A. Occupation Invalid

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 2

Husband of William M. Hill, dec'd

Wife

Father's Name James Hopkins Mother's Name Nélie Millenberger

Cause of Death { Primary Locomotor Ataxia Immediate

How long sick 4 years

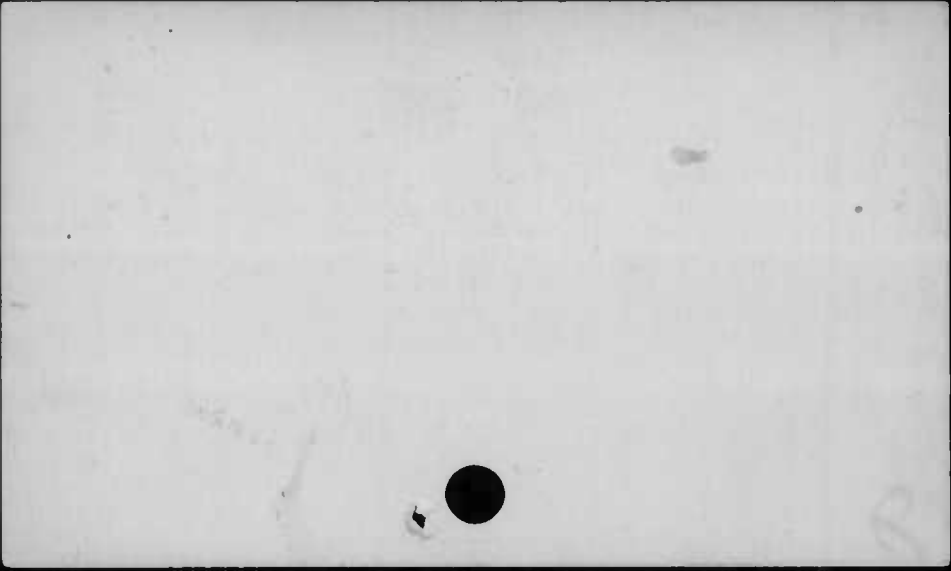
~~Accident, Sudden, Unusually~~

Reported by Reverdy Drascoe M. D.

Address Upper Marlboro Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70668



Name
in
Full

Francis Howard

CERTIFICATE OF DEATH

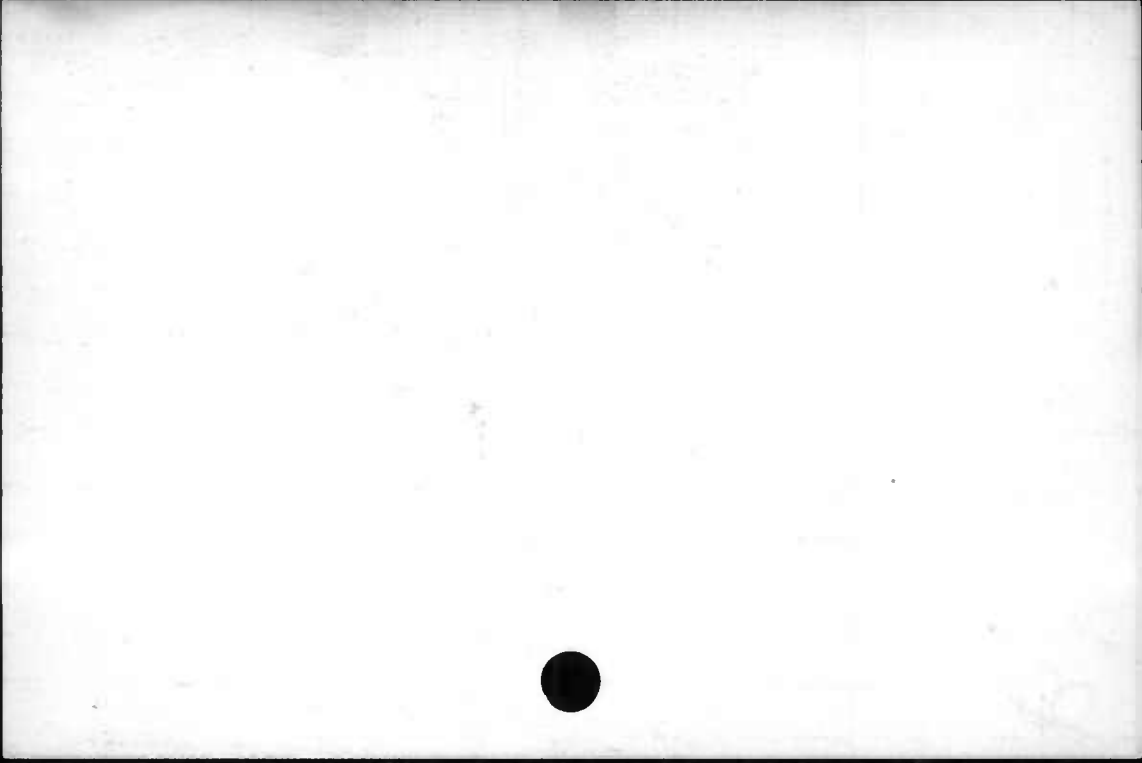
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|-------------------------|--|-------------|--|
| Died at | | Town Woodmore | | County Prince George | | MARYLAND | |
| Date of death | | Month Jan | | Day 31 | | Years 45 | |
| Sex Female | | Color or Race Colored | | Months — | | Days — | |
| Occupation Housewife | | Where Residing if not at place of death — | | Birthplace Maryland | | | |
| Married, Single or Widowed Widow | | Name of Wife or Husband James Howard | | | | | |
| Father's Name Thomas Stall | | Father's Birthplace Maryland | | | | | |
| Mother's Maiden Name Not known | | Mother's Birthplace — | | | | | |
| Name of person giving information Percy Howard | | How related to deceased Son. | | | | | |

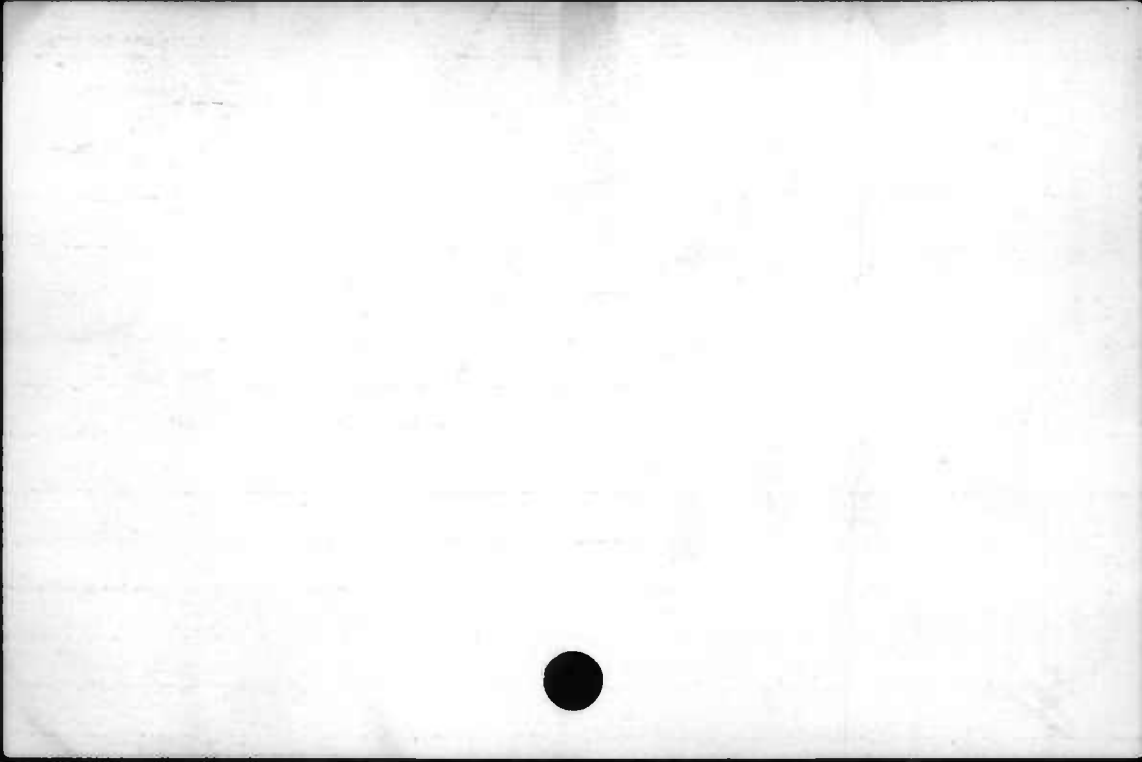
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary Heart disease | | How long Not known | |
| Immediate " | | How long " | |
| Are the name, age, sex, color, date and place correctly given above? yes. | | Signature of Physician Dr. A. R. Walker | |
| | | Address Stalls, Md. | |
| Accident or Suicide? — | | | |



| | | | |
|---|--|---|--|
| Name in Full Charles W Hunt | | CERTIFICATE OF DEATH | |
| Died at Warrington ^{Town} | | Pr Geo ^{County} | |
| Date of death 1905 Jan 7 ^{Month Day} | | Age 61 ^{Years} | |
| Sex Male | | Color or Race White | |
| Occupation Farmer | | Where Residing if not at place of death | |
| Married, Single or Widowed Married | | Name of Wife or Husband Elyza E | |
| Father's Name Gilbert Hunt | | Father's Birthplace A. A. Co. | |
| Mother's Maiden Name Mary L. Co. | | Mother's Birthplace Balyst Co. | |
| Name of person giving information W. W. Hunt | | How related to deceased Son | |
| CAUSES OF DEATH | | | |
| Primary Pulmonary Gangrene | | How long 8 weeks | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? yes | | Signature of Physician W. H. Gibbons | |
| | | Address Crown md | |
| Accident or Suicide? <input checked="" type="checkbox"/> | | | |



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Clinton* TownCounty *P.G.*

Date

Month

Day

Years

Months

Days

of death

*1905**Jan.**6th*

Age

*63**11**6*

Sex

*Male*Color or
Race*White*Birth-
place*P.G. Co. Md*

Occupation

*Carpenter*Where Residing If not
at place of deathMarried, ~~Single~~
~~or Widowed~~Name of Wife or
Husband*Susanna Lenz*Father's
Name*Unknown*Father's
Birthplace*Kd*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Kd*Name of person giving
In formation*J. L. Learning*How related
to deceased*None*

CAUSES OF DEATH

Primary

Dysentery double

How long

5 days

Immediate

*Heart failure
engorgement lungs*

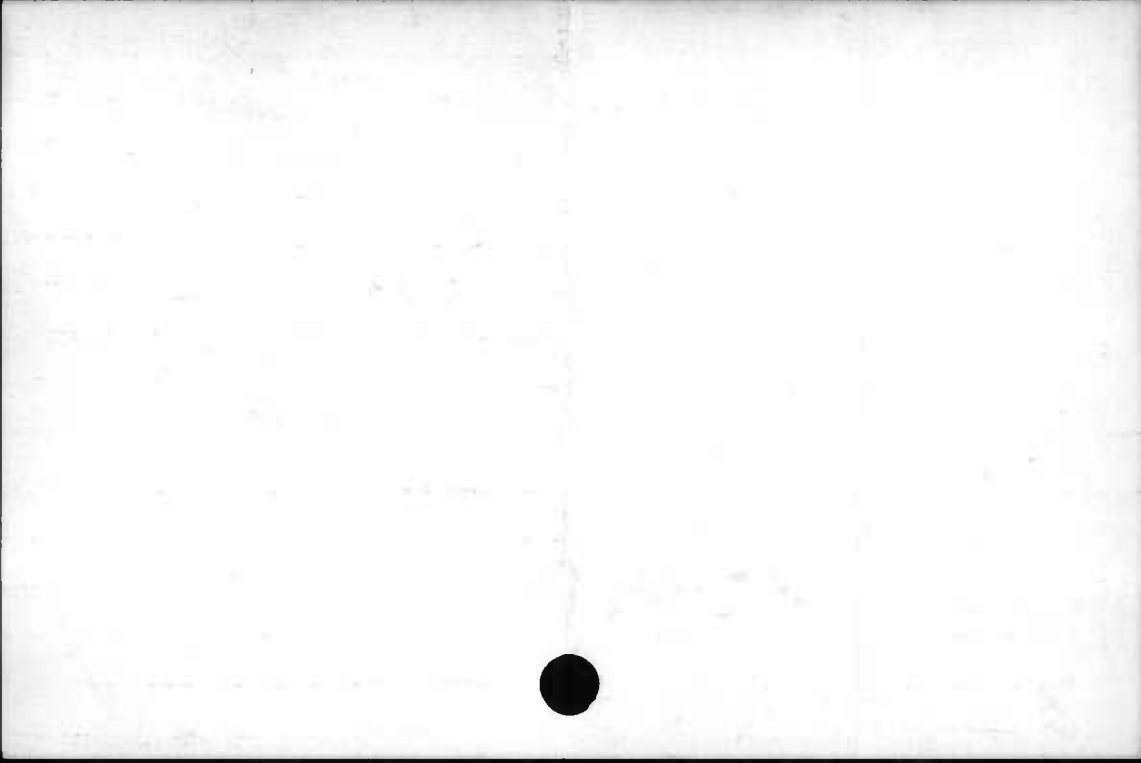
How long

*15 hours*Are the name, age, sex, color, date
and place correctly given above*Yes*Signature of
Physician*J. L. Learning*

Address

Clinton Co. Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *unmarried*

Town

Died at

Lanre

County

P. George's

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1905**Jan**3*

Age at birth

Sex

*male*Color or
Race*white*Birth-
place*Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Frank James*Father's
Birthplace*Germany*Mother's
Maiden Name*Lily Thompson*Mother's
Birthplace*Ind*Name of person giving
In formation*Frank James*How related
to deceased*father*

CAUSES OF DEATH

Primary

*Pneumonia**S.*

How long

at birth

Immediate

" " "

How long

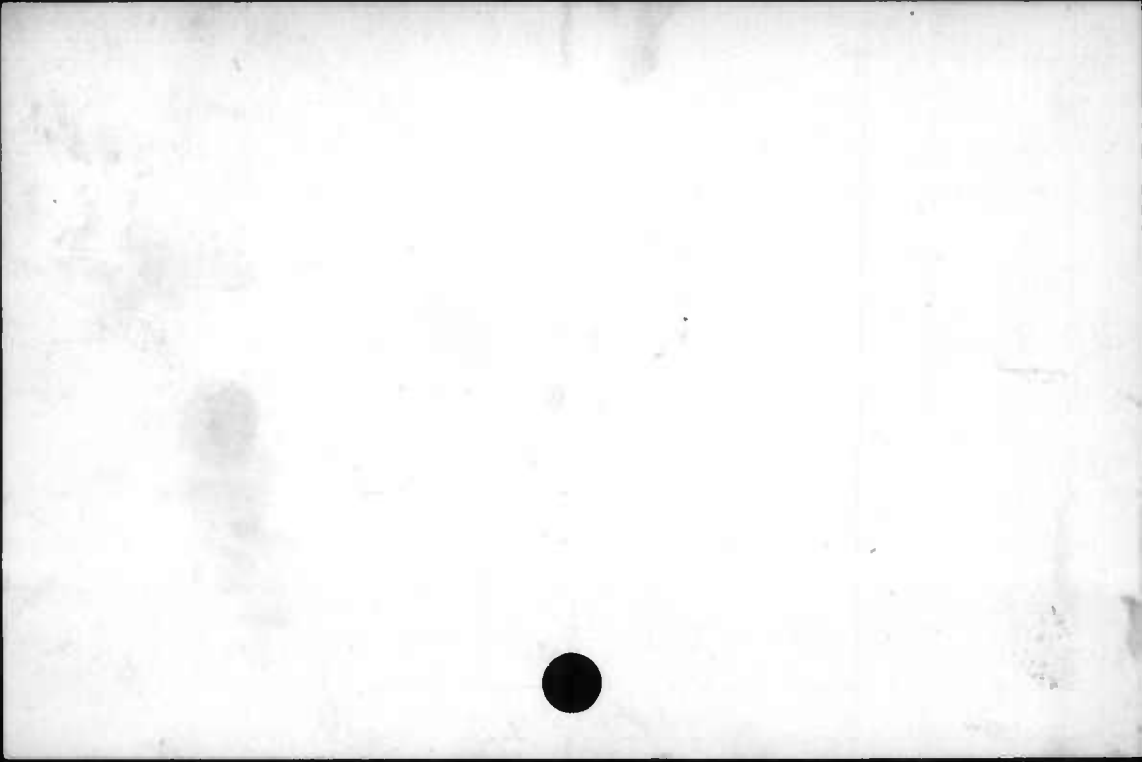
*at birth*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. F. Taylor*

Address

Ladwell Ind

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Annie Caroline Johnson

Town

County

Died at

Upper Marlboro

MARYLAND

Date

1915

Month

Day

Y.

M.

D.

Native of

Occupation

1 27

Age

16

P. L. Anderson

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Wife

Father's

Name

Thomas Johnson

Mother's

Name

Matilda Watson

Cause of

Primary

Immediate

Death

Eclampsia

How long sick

Accident, Suicide, Homicide

Reported by

Reverdy Sasser M.D.

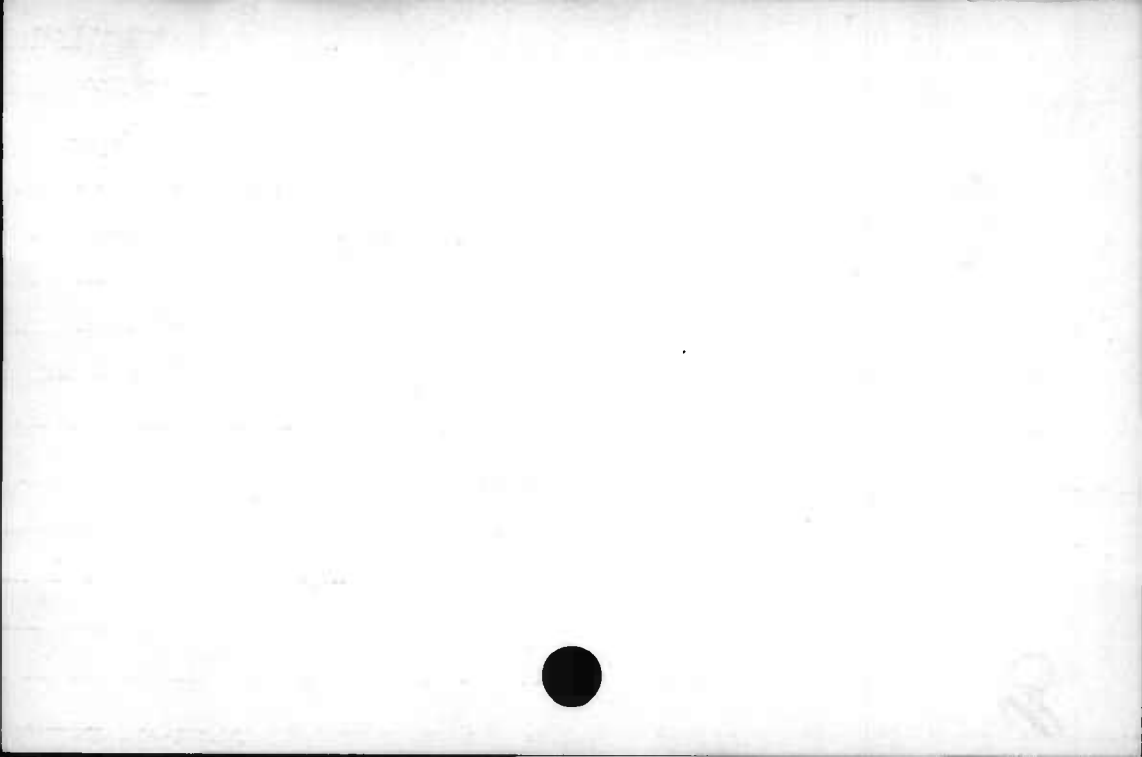
Address

Newbrook Maryland

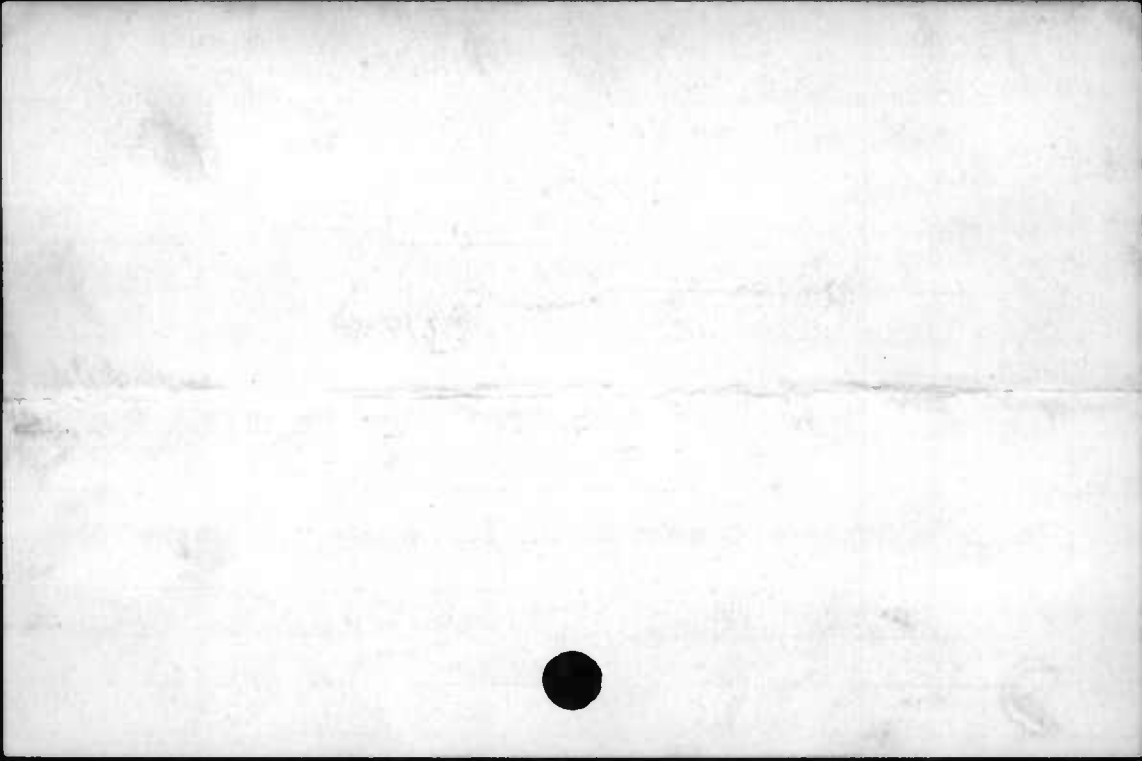
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | MARTIN | | | | CERTIFICATE OF DEATH | |
|---------------------------------------|---|---------------------|------------|----------------------------|--|------------------------|-----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Hyattsville | | County Pr Lee | | MARYLAND | |
| | Date of death | 1906 | Month 1 | Day 8 | Age — | Months — | Days 3 |
| | Sex | Male | | Color or Race | White | | Birth- place |
| | Occupation | — | | | Where Residing if not at place of death | | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| | Father's Name | — | | | | Father's Birthplace | |
| | Mother's Maiden Name | — | | | | Mother's Birthplace | |
| Name of person giving In formation | — | | | | How related to deceased | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Convulsions | | | | How long | 8 hours |
| | Immediate | — | | | | How long | — |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | Signature of Physician | | Dr. Walter R. Palmer | |
| | Address | — | | Hyattsville | | Md | |
| | Accident or Suicide? | Neither | | — | | — | |



| Name in Full | | Blair W. Nowen | | | | CERTIFICATE OF DEATH | |
|--|--|---------------------|---------------|---|---|----------------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Lanark | | County Prince George's | | MARYLAND | |
| | Date of death | 1905 | Month Jan. | Day 1 | Age 19 | Years 19 | Months 7 |
| | Sex | Male | | Color or Race White | | Birth-place Md. | |
| | Occupation | Electrician | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Single | | Name of Wife or Husband | | | |
| | Father's Name | David Nowen | | | | Father's Birthplace Md. | |
| | Mother's Maiden Name | May Wilson | | | | Mother's Birthplace Md. | |
| Name of person giving information | Mrs. L. O. Robby | | | | How related to deceased Wife | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Phthisis Pulmonalis | | | | How long 27 months | |
| | Immediate | Heart Failure | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician Dr. J. M. Baldwin | | |
| | | | | | Address Lanark, Md. | | |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin-right: 10px;"></div> <div>Accident or Suicide?</div> </div> | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

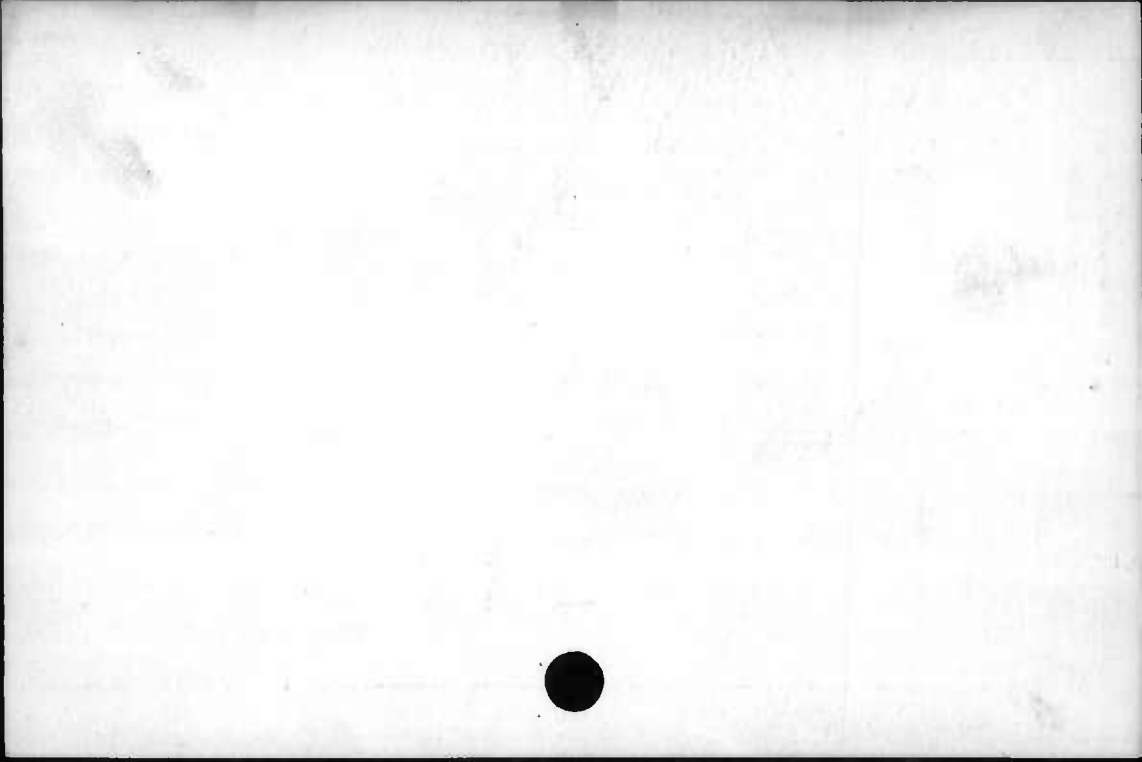
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|---------------------------------------|--|-----------------------------|--|-----------------|--|
| Died at <i>Marlboro</i> | | Town <i>Marlboro</i> | | County <i>D. Co.</i> | | MAYLAND | |
| Date of death 190 <i>5</i> | | Month <i>July</i> | | Day <i>16</i> | | Age <i>6</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Marlboro</i> | | Months <i>6</i> | |
| Married, Single or Widowed <i>—</i> | | Occupation <i>—</i> | | | | | |
| Name of Wife or Husband <i>—</i> | | | | | | | |
| Father's Name <i>Irring Parker</i> | | Father's Birthplace <i>P. Co. Md</i> | | | | | |
| Mother's Maiden Name <i>Harner</i> | | Mother's Birthplace <i>P. Co. Md</i> | | | | | |
| Name of person giving information <i>Irring Parker</i> | | How related to deceased <i>Father</i> | | | | | |

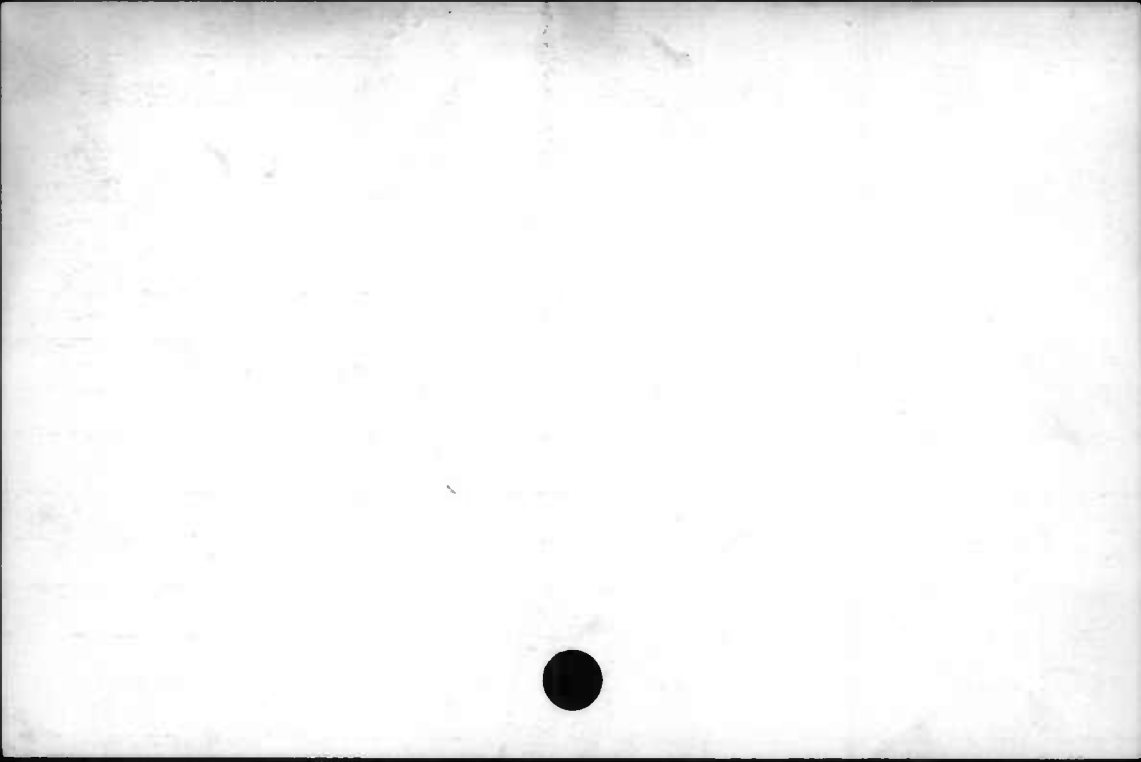
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Paralysis</i> | How long <i>From birth</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Ed. Giffith</i> |
| | Address <i>Upper Marlboro Md</i> |
| Accident or Suicide? <i>—</i> | |



| | | | | | | | |
|--|--|---|--|---------------------------|--|----------------------|--|
| Name in Full Nicholas Saunders Plummer Jr | | Town Hyattsville | | County Pr. Geo. | | CERTIFICATE OF DEATH | |
| Died at | | | | | | MARYLAND | |
| Date of death | | Month | | Years | | Months | |
| 1905 | | Jan | | 10 | | 11 | |
| Age | | 16 | | | | Days 28 | |
| Sex | | Color or Race | | Birthplace | | | |
| Male | | Mulatto | | Hyattsville Md | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Laborer | | Home | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Single | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Nicholas Saunders Plummer Sr | | Balt. Co Md | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Fanny Harris | | Washington DC | | | | | |
| Name of person giving information | | How related to deceased | | | | | |
| Chas Plummer | | Brother | | | | | |
| CAUSES OF DEATH | | | | | | | |
| Primary | | How long | | | | | |
| Tuberculosis of Lung | | 3 months | | | | | |
| Immediate | | How long | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | | | |
| Yes | | Dr. J. B. Latimer Md | | | | | |
| Address | | | | | | | |
| Hyattsville Md | | | | | | | |
| Accident or Suicide? | | | | | | | |
| Neither | | | | | | | |



Name
in
Full

Elizabeth Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} TownsendCounty ^{County} Pen Gw

Date of death 1905

Month 1

Day 27

Age 62

Months 10

Days

Sex Female

Color or
Race

Colored

Birth-
place

P.S.C. Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mily Proctor

Father's
Name

John Butler

Father's
Birthplace

Md

Mother's
Maiden Name

Sally Collins

Mother's
Birthplace

Md

Name of person giving
In formation

Mily Proctor

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

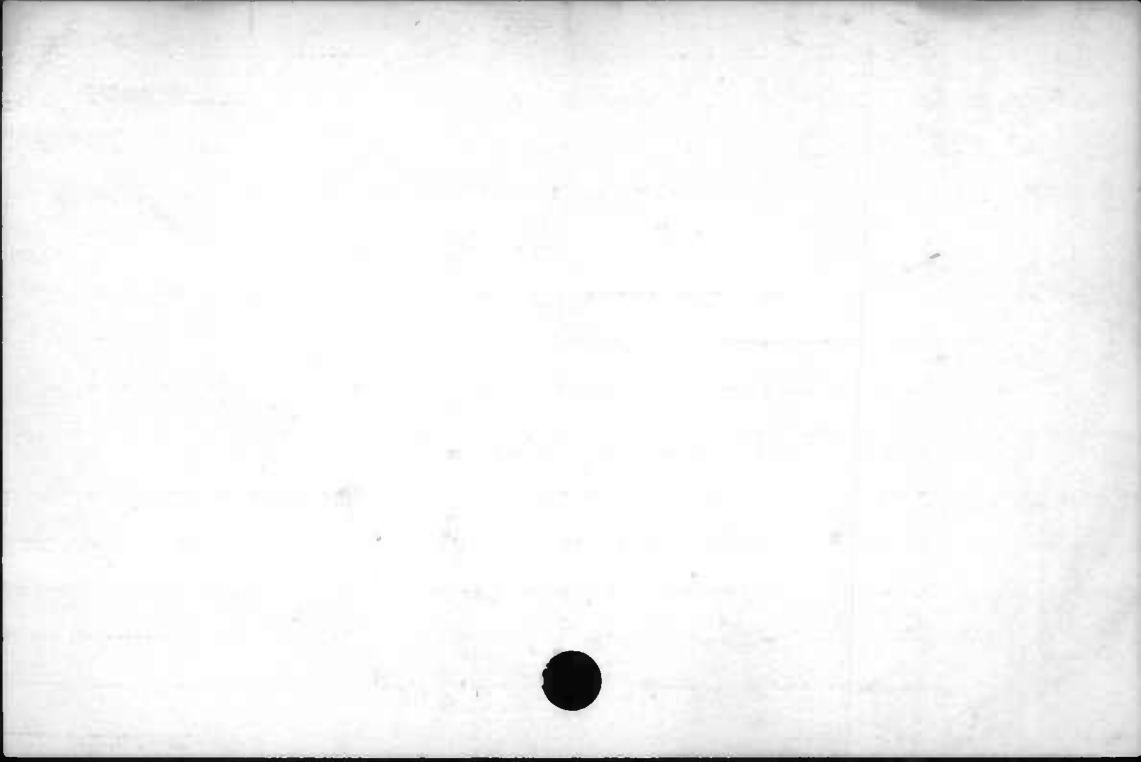
John A. Cor

I.B.S.

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name In Full

Certificate of Death

William Alexander

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1903

1 25

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

193

How long sick

4 weeks

Death

Immediate

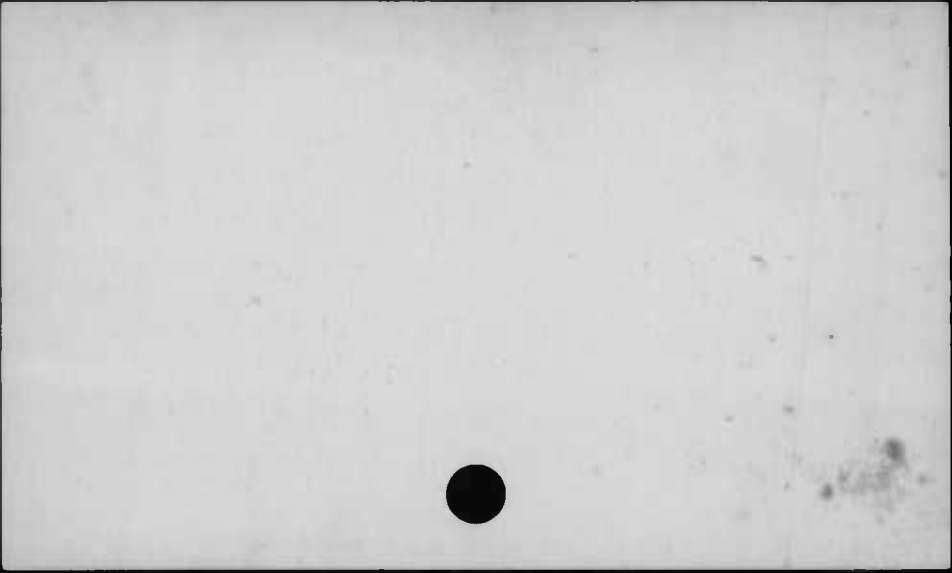
Complications

Accident, Suicide, Homicide

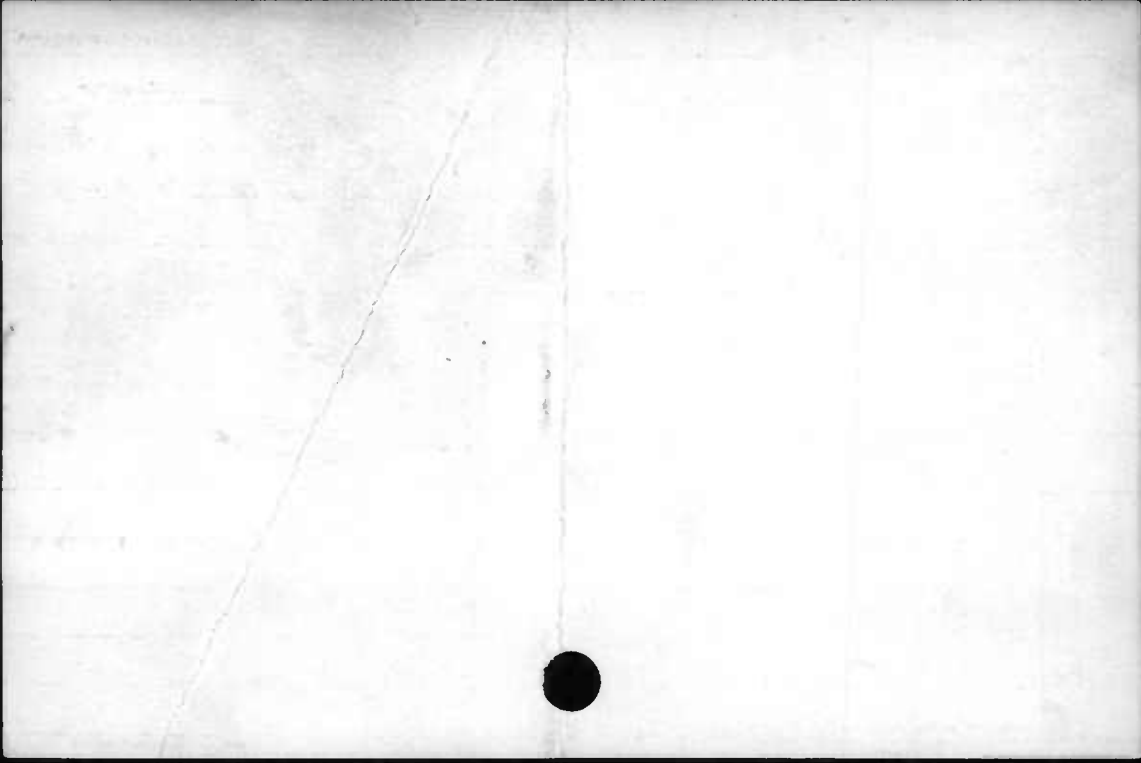
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| | | | |
|--|--|--|--|
| Name in Full John Savoy | | CERTIFICATE OF DEATH | |
| Died at 213 Town | | County Pr. Geo | |
| Date of death 1905 Month 1 Day 12 | | Years 71 Months Days | |
| Sex male Color or Race Colored | | Birth-place Ind | |
| Occupation Farmer | | Where Residing if not at place of death | |
| Married, Single or Widowed Married | | Name of Wife or Husband Eliya Savoy | |
| Father's Name John Thomas Savoy | | Father's Birthplace Ind | |
| Mother's Maiden Name Mary Ann | | Mother's Birthplace Ind | |
| Name of person giving information Healer Savoy | | How related to deceased Son | |
| CAUSES OF DEATH | | | |
| Primary Interstitial Nephritis | | How long Several years | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician John A. Poe | |
| | | Address 213 | |
| Accident or Suicide? | | Ind | |



Name
in
Full

William E. Sechrist,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cheltenham* ^{Town}*Prince Georges* ^{County}Date
of death *1905*Month
*1*Day
*28*Age
17

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Penn*

Occupation

*Farmer*Where Residing if not
at place of death*near Cheltenham,*Married, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*not known*Father's
BirthplaceMother's
Maiden Name*" "*Mother's
BirthplaceName of person giving
In formation*Samuel G. Townsend,*How related
to deceased*none*

CAUSES OF DEATH

Primary

jumping off freight train, while going fast

How long

Immediate

and falling on rails, striking on his head, immediate

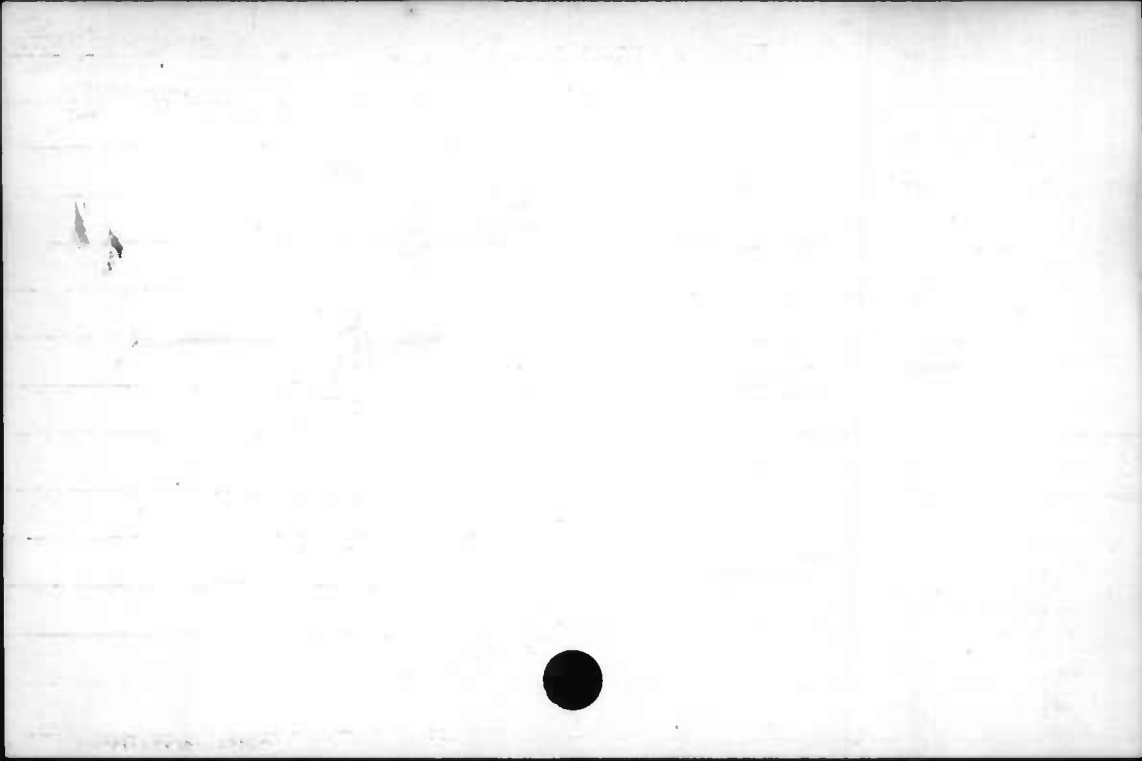
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*William H. Squires, M.D., Coroner,
Bandywine, Br. Geo. Co.
Md.*

Address

Accident or Suicide?

*accident*PHYSICIAN'S
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie Louise Slye

Town *Baden* County *Prince George* MARYLAND

Died at *Baden*

Date of death 190 *5* Month *1* Day *20* Age *11* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Washington D.C.*

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *Lee Smith* Father's Birthplace

Mother's Maiden Name *Martha Slys* Mother's Birthplace *Maryland*

Name of person giving information *Wm Slys* How related to deceased *Grand father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cold & Pneumonia* How long *4 weeks*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H Slys, Undertaker*

Address *Cedarwood, Md.*

Accident or Suicide?



Name in Full

Certificate of Death

Margaret Soper

Died at ^{Town} Oxon Hill ^{County} Pr. Geo. MARYLAND

Date 1893 Jan 15 Age -- 2 Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's Name

Jos. O. Soper.

Mother's Name

Margt Soper

Cause of

Primary

Congen. debility

How long sick

Life

Death

Immediate

(Twin - 7th mo)

Accident, Suicide, Homicide

Reported by

R. A. Pyles

Address

Anacostia

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Name *Mary M. Soper*
 Died at *Oxon Hill* Town *Pr. Geo.* County *Pr. Geo.* **MARYLAND**

Date 189 *05* Jan. *17* Month *Jan.* Day *17* Age *5* ~~Y.~~ ~~M.~~ D. *md* Native of *md* Occupation *md*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
~~Female~~ *Colored* ~~Single~~ *Widower* ~~Number of children living~~

Husband of *_____*

Wife

Father's Name *Jos. Soper* Mother's Name *Margt. Soper*

Cause of Death { Primary *Congenital Debility* How long sick *Life*
 Immediate *Twin - 7 1/2 mo.* ~~Accident, Suicide, Homicide~~

Reported by *R. A. Pyler*
 Address *Baltimore St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name Elizabeth Helen Stamp
Died at Seat Pleasant Town Pr. esis CountyDate of death 190 X
Month 1 Day 9 Age — Years 11 Months — Days —

Sex Female Color or Race White Birth-place A. A. Es.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name George Stamp Father's Birthplace Pr. Geo. Es.

Mother's Maiden Name Mary Brady Mother's Birthplace A. A. Es.

Name of person giving information George Stamp How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough How long 4 weeks

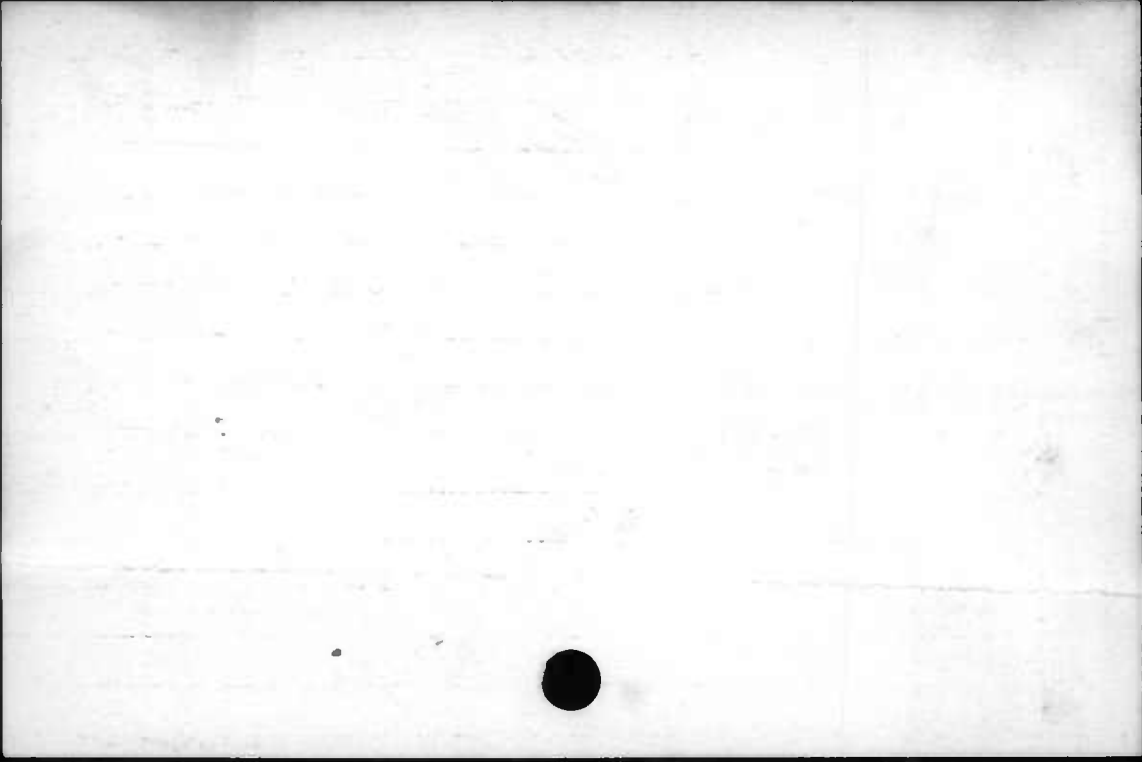
Immediate Pneumonia How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John E. Sausburg

Address Foustville, Md.

Accident or Suicide?



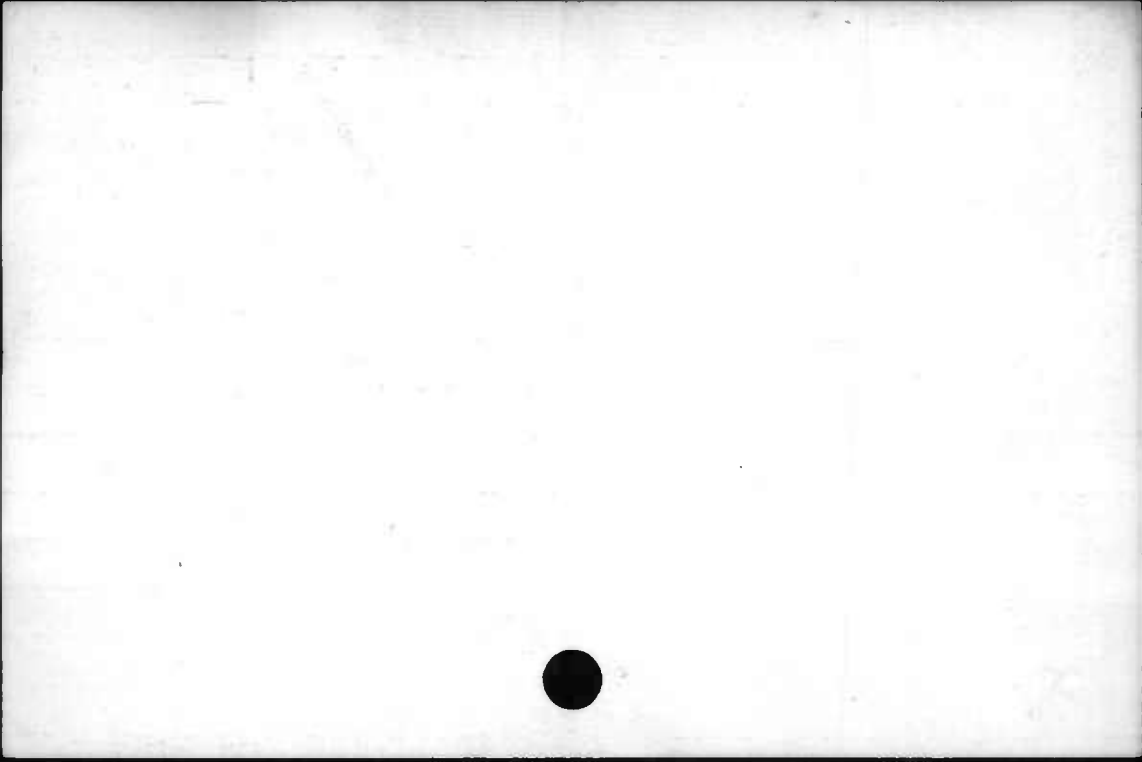
| | | | | | | | |
|-------------------------------------|--|----------------|----------------|---|------------------------|-------------------------|-------------|
| Name in Full | | Alice L. Tyler | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Tuxedo | Prince Geo. | | MARYLAND | |
| | Date of death | 1905 | Month | Jan | Day | 24 | Age |
| | | | Years | 2 | Months | — | Days |
| | Sex | Female | | Color or Race | colored | | Birth-place |
| | | | | | Md. | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | single | | Name of Wife or Husband | | | |
| Father's Name | | John Tyler. | | | | Father's Birthplace | |
| Mother's Maiden Name | | Mary Brown | | | | Mother's Birthplace | |
| Name of person giving information | | John Banks | | | | How related to deceased | |
| | | | | | | uncle | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Whooping cough | | | | How long |
| | | | | | | | 1 month |
| | Immediate | | Bronchitis | | | | How long |
| | | | | | | | 2 weeks |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | V. L. Parry |
| | | | | Address | | Hyattsville | |
| Accident or Suicide? | | | | | | | |

270
—
945

| | | | | | | | |
|--|--|---------------|---------------------|---|---------------------------------------|----------------------|-----------------------|
| Name In Full | | John Walsh | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Hyattsville | | County Prince Georges | | MARYLAND |
| | Date of death | 1905 | Month January | Day Monday | 23 | Years about 63 | Months August |
| | Sex | Male | | Color or Race | White | | Birthplace Ireland |
| | Occupation | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | | Widower | | Name of Wife or Husband John Walsh | | |
| | Father's Name | | | | Father's Birthplace Ireland | | |
| | Mother's Maiden Name | | | | Mother's Birthplace Ireland | | |
| Name of person giving information | | Matthew Walsh | | | How related to deceased son | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | La Grippe | | | How long 4 days | |
| | Immediate | | Prostration | | | How long 1 day | |
| | Are the name, age, sex, color, date and place correctly given above? | | | Yes | | | |
| | Signature of Physician | | | V. L. Perry | | | |
| | Address | | | Hyattsville | | | |
| <input checked="" type="checkbox"/> Accident or Suicide? | | | | | | | |

Parting

| | | | |
|---|---|--|--|
| Name in Full Jennie Watson | | CERTIFICATE OF DEATH | |
| Died at Wattington <small>Town</small> | | Pr Geo <small>County</small> | |
| Date of death 1905 <small>Month</small> Jan <small>Day</small> 20 <small>Years</small> 55 | | MARYLAND <small>Months</small> — <small>Days</small> — | |
| Sex Female | Color or Race White | Birth-place Washington DC. | |
| Occupation Housewife | Where Residing If not at place of death | | |
| Married, Single or Widowed Married | Name of Wife or Husband Leveley Watson | | |
| Father's Name David H. Walker | Father's Birthplace Virginia | | |
| Mother's Maiden Name Mary R. Walker | Mother's Birthplace Virginia | | |
| Name of person giving information H.R. Rainings | How related to deceased Son-in-law | | |
| CAUSES OF DEATH | | | |
| Primary Bright's Disease | How long 20 <small>years</small> | | |
| Immediate Connexion | How long 15 minutes | | |
| Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician W.H. Gibbon | | |
| | Address Croom road | | |
| Accident or Suicide? — | | | |



Name
in
Full

Thomas W. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Clinton County P.G. **MARYLAND**

Died at Clinton

Date of death 1905 Jan 12 am Age 70 Months — Days —

Sex Male Color or Race White Birth-place Mass

Occupation Farming Where Residing if not at place of death —

~~Married, Single~~ Widowed Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information L. L. Warner 93 How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular insufficiency How long 8 weeks

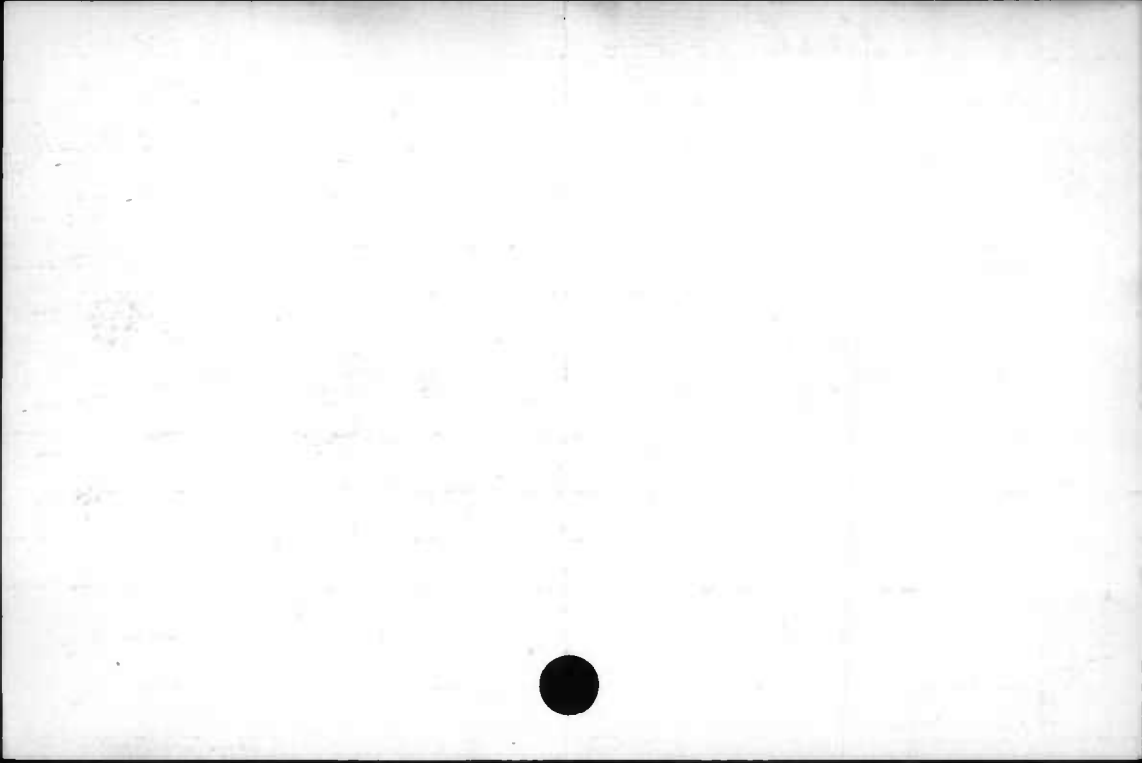
Immediate Pneumonia Exhaustion How long 11 days

Are the name, age, sex, color, date and place correctly given above? Yes

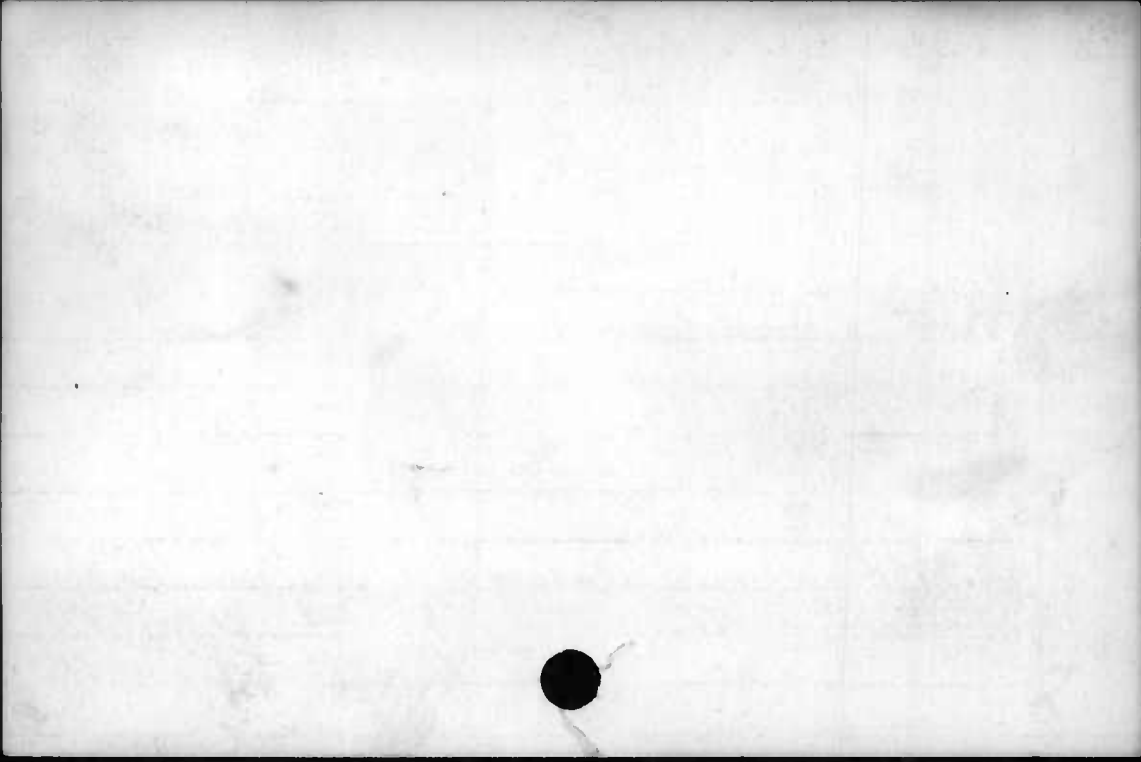
Signature of Physician L. L. Warner

Address Clinton

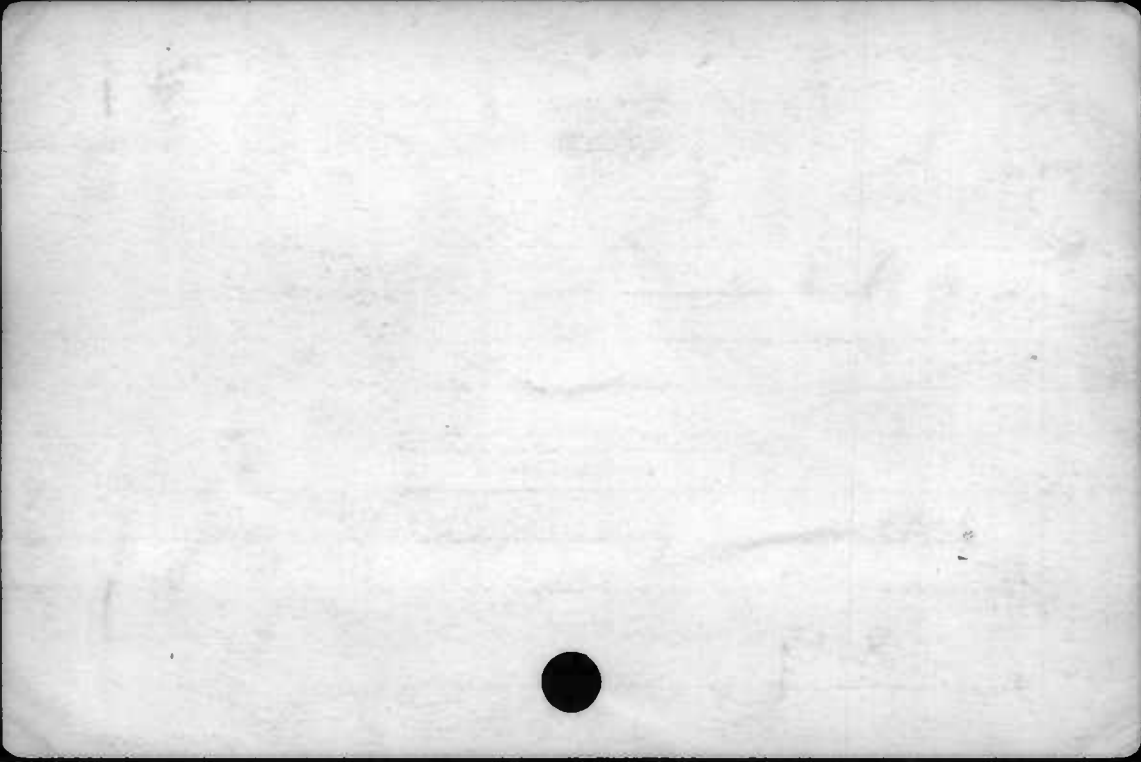
Accident or Suicide? —



| Name in Full | | Pearl Wilson | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|----------------|-----------|----------------|---|------------------------|-----------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Brentwood | | Prince Georges | | MARYLAND | |
| | Date of death | 1905 | Month Jan | Day 29 | Age | Years 7 | Months - Days - |
| | Sex | Female | | Color or Race | colored | | Birth-place Md. |
| | Occupation | | | | Where Residing if not at place of death | | |
| | Married, Single or Widowed | | | | Name of Wife or Husband | | |
| | Father's Name | | | | Father's Birthplace | | |
| PHYSICIAN OR CORONER | Mother's Maiden Name | alice Wilson | | | Mother's Birthplace Md. | | |
| | Name of person giving information | alice Wilson | | | How related to deceased mother | | |
| | CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | Primary | Whooping Cough | | | | How long | 4 weeks |
| | Immediate | Pneumonia | | | | How long | 1 week |
| | Are the name, age, sex, color, date and place correctly given above? | yes | | | | Signature of Physician | V. L. Perry |
| | | | | | | Address | Hyattsville |
| | Accident or Suicide? | | | | | | |



| Name in Full | | Frank Woodland | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|---|----------------|----------------------------|---|--|----------------------|------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Brentwood</u> <small>Town</small> | | | County | | MARYLAND | |
| | Date of death <u>1905</u> | Month <u>1</u> | Day <u>15</u> | Age | Years | Months <u>10</u> | Days |
| | Sex <u>Male</u> | | Color or Race <u>Black</u> | | Birth-place <u>Brentwood</u> | | |
| | Occupation | | | Where Residing if not at place of death <u>7 Woodland</u> | | | |
| | Married, Single or Widowed | | Name of Wife or Husband | | | | |
| | Father's Name <u>7 Woodland</u> | | | | Father's Birthplace | | |
| | Mother's Maiden Name | | | | Mother's Birthplace | | |
| Name of person giving information | | | | How related to deceased | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | | How long | | |
| | Immediate <u>Whooping Cough</u> | | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | | | Signature of Physician <u>W L Perry MD</u> | | |
| | | | | | Address <u>Hyattsville Md</u> | | |
| Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hurieta Woodward

Town

County

MARYLAND

Died at Largo

P.P.

Date

Month

Day

Years

Months

Days

of death 1905

July

20

Age

75

Sex

Female

Color or
Race

White

Birth-
place

Baltimore City

Occupation

Companion

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

(79)

Father's
BirthplaceMother's
Maiden Name

Greens

Mother's
BirthplaceName of person giving
In formation

Nobetta L. Harding

How related
to deceased

None

CAUSES OF DEATH

Primary

Valvular disease of heart

How long

3 yrs

Immediate

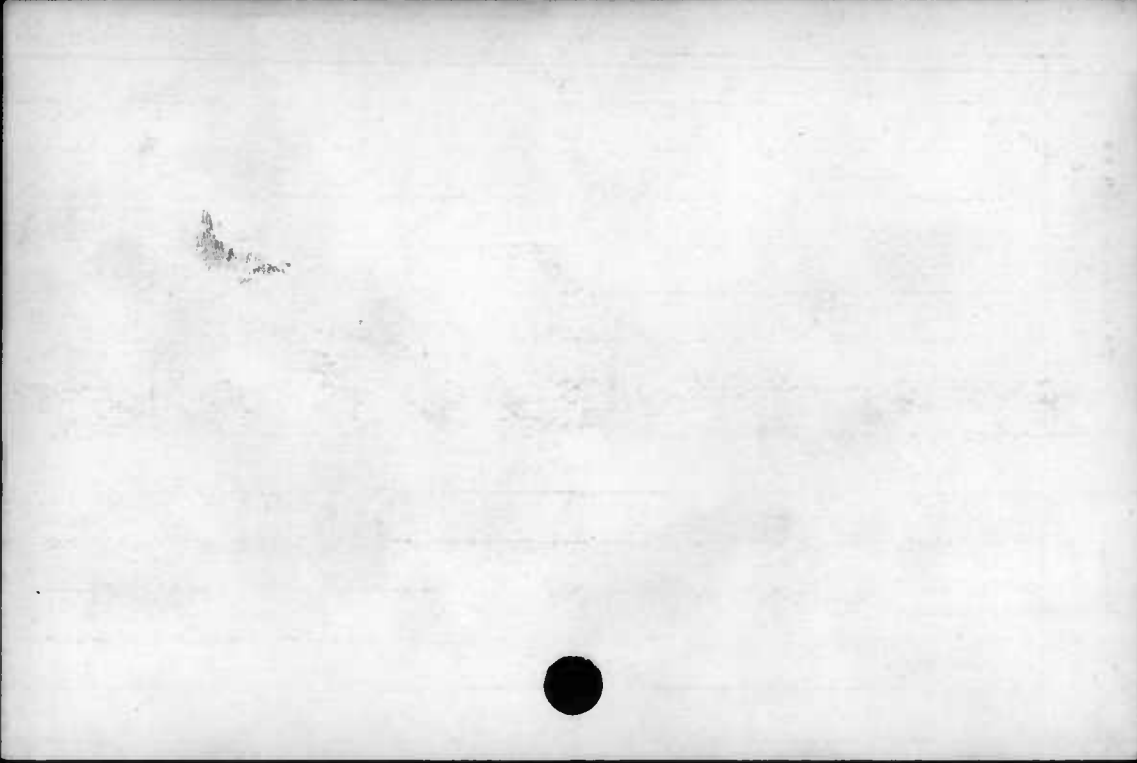
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. Gifford
Upper Marlboro,
✓

Accident or Suicide?

PHYSICIAN
OR CORONER



| Name in Full | | CERTIFICATE OF DEATH | | | | | | |
|-------------------------------------|--|---|--|---|----------------------------------|-----------------|---------------|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <i>Touretville</i> | | County <i>Pr. Geo. Co.</i> | | MARYLAND | | |
| | | Date of death <i>1905</i> | Month <i>1</i> | Day <i>3</i> | Age <i>68</i> | Months <i>1</i> | Days <i>1</i> | |
| | | Sex <i>male</i> | Color or Race <i>White</i> | | Birth-place <i>Franconia Md.</i> | | | |
| | | Occupation <i>Farmer</i> | Where Residing if not at place of death | | | | | |
| | | Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Abby S. Young</i> | | | | | |
| PHYSICIAN OR CORONER | | Father's Name <i>Alcott Young</i> | | Father's Birthplace <i>Franconia Md.</i> | | | | |
| | | Mother's Maiden Name <i>Irene Aldrich</i> | | Mother's Birthplace <i>Franconia Md.</i> | | | | |
| | | Name of person giving information <i>Abby Young</i> | | How related to deceased <i>Wife</i> | | | | |
| | | CAUSES OF DEATH | | | | | | |
| PHYSICIAN OR CORONER | | Primary <i>Tuberculosis</i> | | How long <i>6 yrs.</i> | | | | |
| | | Immediate <i>Exhaustion</i> | | How long <i>2 weeks.</i> | | | | |
| | | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>John E. Sanbury</i> | | | | |
| | | | | Address <i>Touretville Md.</i> | | | | |
| | | Accident or Suicide? | | | | | | |

